

deoth

FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH	GIENE 8	6 REG. N	0.	1 5	4	1
EASED NAME	FIRST		MIDDLE		LAST	20. DATE OF	DEATH	MONTH	DAY YEAR	26 HOU	R
JR PRINT]	VIOLA	CATHER	INE	BABY	LON	April	18,	1986		9:58	a _M
24.1		4 RACE		5. DATE (6 AGE (IN YE	ARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS MIN.
Female		Caucas	ian	DEC		84	4	YRS	MONTH DATE	HOOKS	MIN.
THPLACE (STATE	OR FOREIGN	76 CITIZEN OF U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	COUNT	Y OF DEATH		MD		
Y OR TOWN OF Frederic		(IF NOT IN SUC	H FACILITY, GIVE STREET	or other institution ursing Home	12a USUAL OCCUPATION 12b. KIND OF BUS (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY HOMEMAKER NONE						
RESIDENCE (IF	113b COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOW THURMON	N	13d INSIDE CITY LIMITS?	13e.STREET A			RD./217	88	
DENTON		MIDDLE VMI	WAREH I	ME	15 MOTHER'S MAIDEN NA FIRST MARGARET	ME	MIDDLE		LEFI		
AS DECEASED ET	(IF YES, GIV	MED FORCES? VE WAR OR DATES) ONE	166. SOCIAL SECU		AUDREY, DOWNS		ADDRE L4 A. RMONT	PRY	OR RD. RYLAND 2	21788	
18 CAUSE OF DE PART I. DEAT	H WAS CAUSE	D BY: TE CAUSE (a)	line for (a), (b), am	pe	menta				APPROX BETWEEN	MATE INTER	VAI DEATH
Canditions, if gove rise to cause (a), stunderlying co	immediate	(b)_	R AS A CONSEQUE								
PART 2 OF BE	HONIFICATO	-	walked to a	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CON	DITION G	IVEN IN PART 1	a	
N. DATE OF OPE	RATION	140 Buil	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOR	NO K	IN CERT	ES, WERE FIND! IFYING CAUSES 'ES []		H2
210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)	CAUSE OF DE	ATH	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTERNATU	IRE OF INJUI	RY IN ITEM 18	PART I OR PART 2}		
WHILE AT WORK	URRED	21e PLACE (AT HOME STE	OF INJURY BEET, FACTORY OFFICE F	ARM ETC)	21f. LOCATION STREET		CITY OR TO	wn	COUNTY	S	TATE
220.1 certify tha	t (1) (this hosp	ital) attended th	e deceased from_		, 19	, to			. 19	that (1) (v	ve) last

22r. DATE SIGNED

Smithsburg, Wash. Maryland

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

4/18/1986

22d PHYSICIAN'S NAME (TYPE OR PRINT) Allen J. Gilson, M.D.

the deceased alive an

22e ADDRESS

1475 Taney Avenue Frederick, Md. 21701

and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

M.D.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTI

Female

MARYLAND

76 BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Frederick

3 SEX

30. STATE MARYLAND

CERTIFICATION

MEDICAL

morked or Item

4 FATHER'S NAME FIRST

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION G

60. WAS DECEASED EVER IN U.S. ARMED FORCES?

Smith burg, Crematory 4-20-1986 615 East Main Street

e bady after death.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4) P.A. Thurmont, Md. 21788

BP.

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

(SPECIF Burial 17,1986 Mt. Olivet Cemetery Apr. 24 FUNERAL DIRECTORMITH. Keeney & Basford Funeral Home East Church St., Frederick, Md. 21701 (VRA 15, 4)

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Frederick, Frederick, Md. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2h HOUR

12b KIND OF BUSINESS OR

Shoemaker

INDUSTRY Home

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

YES

21701

ld b

DHMH - 16 60M 7/84

THE LONG DILLING BLUGGER

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	m bo	3. SE	× J	4. RACE	1	5 DATE	OF BIRTH	YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY			DER 24 HRS
2	ge 4	1	Male	W	HITE	APR		1986			1113	+ 1	0
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10	by the filed with	1	TY OR TOWN OF DEATH	III. NAM	E OF HOSPITAL, N TIN SUCHFACILITY GIVE "ederick"	STREET ADDRESS) emorial	Hospit		(TYPE OF WORK FO	CUPATION OR MOST OF WOR fant	IXING LIFE) 126. KIN INDUS	TRY	INESS OR
ND 212	24 hour	130 S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTI	TUTION, GIVE RESIDENCE 136 CITY OF	e before admission) R TOWN	13d. INSIDE C	JTY LIMITS?	13e.STREET AD		CODE CO	2176	7
YLA	thin thin	14 FA	THER'S NAME	WIDDLE		c 7	15 MOTHER'S	MAIDEN NAM	ΛE	WIDDIS.			
MAR	and pure		RAYMOND	M.	BEVER	RAGE	BA	RBARI	4 :	MIDDLE	Nu	LL	
SE.	S I S		VAS DECEASED EVER IN	U.S. ARMED FOR		L SECURITY NO.	17. INFORMA	NT		ADDRESS .	C. CARLT	ONCOL	RT
TIMORE	111		No	None		one	BAYMON	ID BEVE	ERAGE.	FREDE	RICK, MP	1, 217	01
3	A 1875		18 CAUSE OF DEATH	Enter only one cou	ise per line far (0),						BETW	PROXIMATE IN VEEN ONSET A	NTERVAL AND DEATH
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PRESTON	ap apply and a special and a s		Canditians, if any, v gove rise to imme		(b)								
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201	and belong the state of the sta		PART 2 OTHER SIGNIE	ICANIT CONDITIO	(c)	G TO DEATH BUT	NOT BELATED	TO THE TERM	NIAL DISEASE	DR CONDITIO	ONI CIVENI INI DAG	OT 1	
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TA.	31 951	Ü	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL		IME OF INJURY UR A.M. MONT	H DAY YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTERNATU	RE OF INJURY IN IT	EM 18 PART I OR PAR	f 2)	
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DIVISION OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICAL	21d INJURY OCCURRED	(AT HC	LACE OF INJURY	OFFICE, FARM, ETC.)	21f. LOCATIO	N		CITY OR TOWN	COUNT	4	STATE
N N	ON THE STATE OF TH		WHILE NOT WHILE			4/19	156		- Ky	4/1	70	6	
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	ro Hospital retained by TO Funer should be of with the State		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)	0 - (22e ADDRESS	PHYSICIAN D	DIRECTOR	PHYSICIAN	lF		,
	HOSPIT FUNER FUNER buld be a		Dr. Tosei	oh Ashwa	n M D		lı Wes	st Sever	nth Str	eet. F	rederick	. Md.	21701
	0 € 5 € ₹	23o E	BURIAL, CREMATION, RE			23c NAME OF C	EMETERY OR C		23d LOCATI		_ 0401 1.011	3 1100	
	BP		BURIAL		R 14,1986		GEVIEL		MT T	EWELT	MCKEA	+N	PA
	DHMH - 16 60M 7/84	24 EL	JNERAL DIRECTOR Smirth, Keen					25a DATE			REGISTRAR'S SIG		1.
	(VRA 15, 4)	'	106 East C	hurch Sta	reet. Fre	derick.	Md. 217	OI APR	21 100	R duti	- Davido	70.	

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(TYPE OR PRINT)

0-04954

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

DECEASED NAME

126. KIND OF BUSINESS OR Carpenter/Ret. Construction 429 Center Street 21701 Smith ADDRESS 429 Center Street Frederick, Md. 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19_____, that (1) (we) last , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF DIRECTOR PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE | SPECIFY 4/15/86 Buria1 Resthaven Mem. Gardens Frederick, Frederick, Md. 1201 N. Market St. Julia Saindon Kandus Son, P.A. Frederick, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BOWMAN

MMN

20. DATE OF DEATH

MONTH

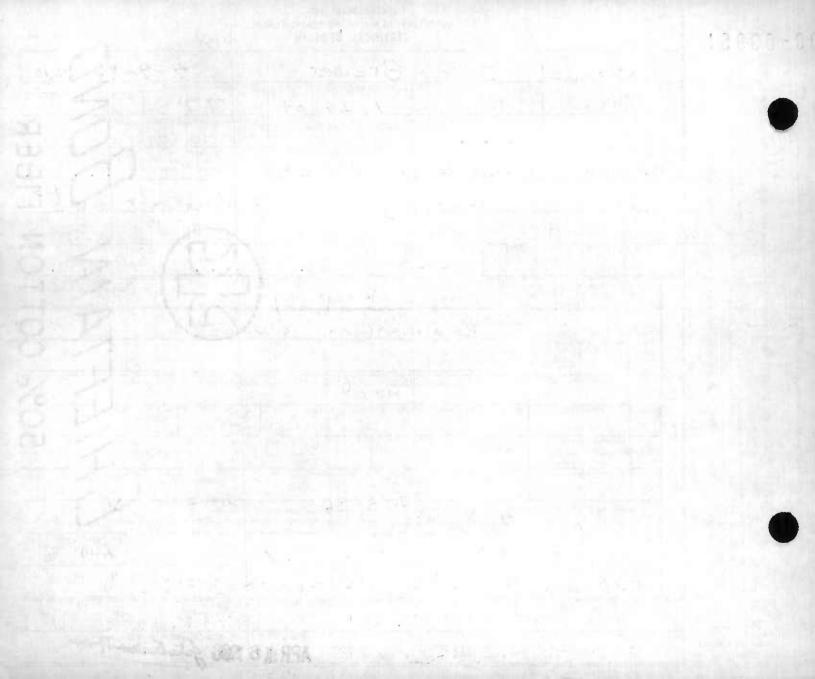
25 HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

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11545
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9-86 0010M
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MONTHS DAYS HOURS MIN.
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126. KIND OF BUSINESS OR
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airfield, Pa.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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YES, WERE FINDINGS USED
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COUNTY STATE
Adams PA
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De Grande D



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-03216 MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REG. NO On DATE KNOWN DECEASED NAME LTYPE OR PRINTS OF ESTI-Hampton BROWN DEATH MATED Charles 4 RACE AGE IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PONOLINCED .. 86 Male Negro Sept. 28, 1926 DF AD TE BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Frederick County, Maryland DIVORCED X WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Frederick Memorial Hospital Railroad Frederick USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Frederick New Market 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21774 Maryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Brown Anna unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IAN SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) 219-20-1520 Pauline Dennis. Item 13 Yes WW # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOXT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 27a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Notural causes Sulcide death resulted from Accident Homicide Undetermined monner TITLE (SPECIFY) 4/7/86 M.D. Deputy ____MEDICAL EXAMINER 812 Toll House Ave. Robert J. Thomas, M.D. EXAMINER'S NAME Frederick, Md. 21701 TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial Apr. 11, 1986 Resthaven Frederick. Frederick 07/84 24 FUNERAL DIRECTOR **DHMH - 17** "Ulin L. Molesworth, "P". A., Damascus, Md. were diverse (VR A15 ME (5))

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Smith, Keeney and Basford Funeral Mome

106 East Church St. Frederick Md 21701

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ID REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-1086 DEATH MATED BROWN ROY MONTH 1. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2d HOUR DATE PRONOUNCED 1928 Male 6, White DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTR U.S.A. Md. Frederick Co. DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 7001 Edgemont Rd laborer fed. gov't. Frederick 130 STATE 136. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Frederick Fred. Edgemont Rd Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME M . MIDDLE Myrtle ADDRESS 21701 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES) Leona Brown Frederick, Md. No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Canditians, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME 21d INJURY OCCURRED 21E LOCATION AT WORK NOT WHILE ET, FACTORY, FARM, ETC.) 22a. I certify that I took charge of the remains described above, held an Inspection ond in my opinion death resulted fra Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE CIPAGE 4 SHOUI TO FUNERAL DAFTER-DEATH, 18 BALTIMORE, M. ACTUAL Deputy SIGNATUR MEDICAL EXAMINER 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATOR 23d. LOCATION Lutheran Cemetery Middletown Fred. Md 07/84 BP 25M 24. FUNERAL DIRECTOR **DHMH - 17** Md (VR A15 ME (5))

BUT DELINE Tole White May 6, 1925 TY A PERSONAL A Acceptance of the control of the con res sent marginal Tredericate and took a the reserve the test of the test . Did deline state Did co Translate 1. Carry ESTATE S. FEREN or Topopour IZ W Short Marine To State of the inglal we short 1986 Datheren Ce otern a fiddhatom Bred. Id. Thomas on Purchal Rene Manual Land, No. and Adams and Landers

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

8	REC.	NO.		1	3	5	C
FOF	DEATH	MONTH	DAY	YEAR	21	HOLIR	

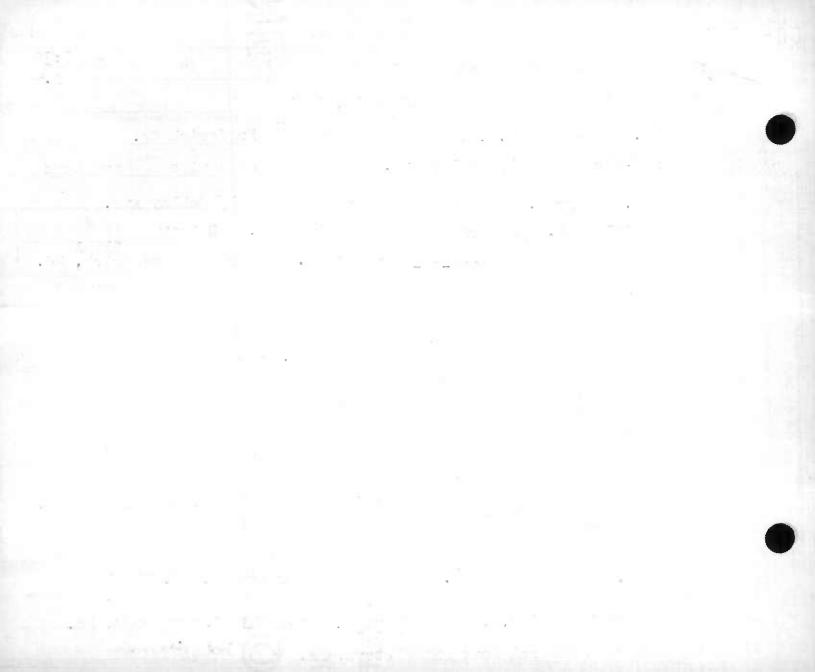
-	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE 8 REC. N	O.	1 5	5 0	
		CEASED NAME OR PRINT)	FIRST Mamie		Marie		RDETTE	20. DATE OF DEATH April	21, 198		2b. HOUR 11:14A	
	3. SEX	Female	AL.	4 RACE White		5 DATE C	9, DAY 1905 EAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
9	Ma	RTHPLACE ISTATE OR FI	H_{ij}	U.S.A		WIDOWE			ick Co	unty	MD.	
L	F	rederick		Frede	FICK Mem	orial	Hospital	12a, USUAL OCCUPAT (TYPE OF WORK FOR MOST C Seams tr	OF WORKING LIFE	INDLISTRY	ng Factor	ry
2	13a S	Maryland	136 COUN	OTHER INSTITUTION, ITY PRICK	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederi	N.	13d. INSIDE CITY LIMITS?	136.STREET ADDRESS 8510 B R	/ ZIP CODE eichs	Ford R	d., 2170	1
9		THER'S NAME Clarence		MIDDLE	Kemp		15. MOTHER'S MAIDEN NAME FIRST Flore	nce		Shell	ton	
	16a W	VAS DECEASED EVER		MED FORCES? E WAR OR DATES) NE	214-10-2		8510 A Reich	Catherine s Ford Road	M. Sie	r erick,	Md . 217	01
	NOI	Canditians, if any, gove rise to imm cause (a), stating underlying cause	which nediate g the lost	(b) DUE TO, OF	R AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CON				
	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOTE		WERE FINDING CAUSES		
	MEDICAL CER	21d. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COLORE 21d. INJURY OCCURRE AT WORK NOT WHAT WORK 22a. I certify that (1) Saw the decease above, (1) (1) 22b. SIGNATURE 22d PHYSICIAN'S NA	AUSE OF DEA	P. 21e PLACE (AT HOME STR	M. MONTH DAM. OF INJURY EET, FACTORY, OFFICE, F deceosed from	ARM E'S I	21c. HOW INJURY OCCURI	CITY OR IC	ate and haur o	COUNTY	state that (I) (we) last causes stated SIGNED	
	- (URIAL, CREMATION,		4-24-8	Re Re	sthav	en Mem. Garde				•	
		De East Chu			ADDRESS		neral Homesa DAT	E REC'D. BY REGISTRAF	25b. REGISTR	AR'S SIGNAT	URE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

HOSPITAL

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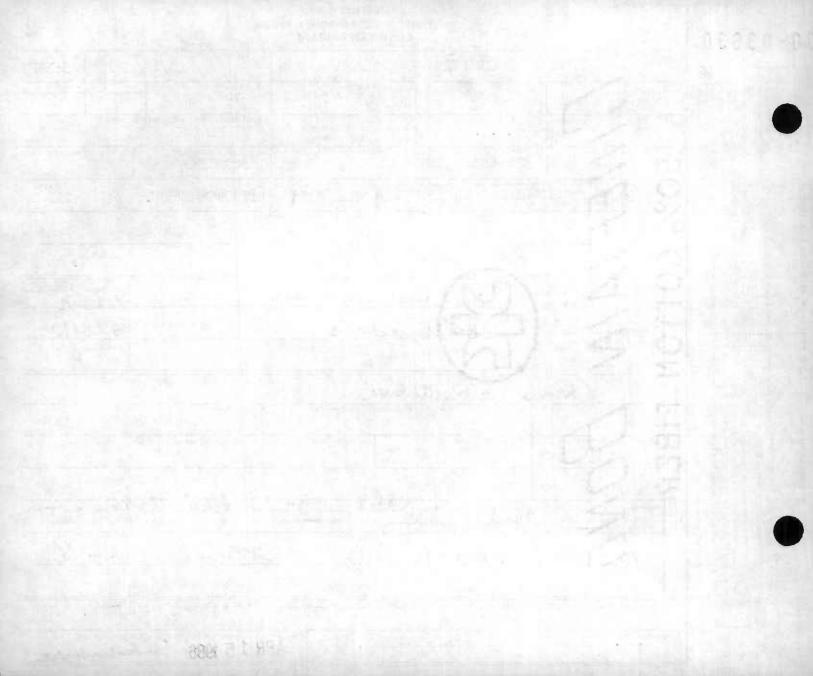
STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNEDAL DIECT HARTZLER

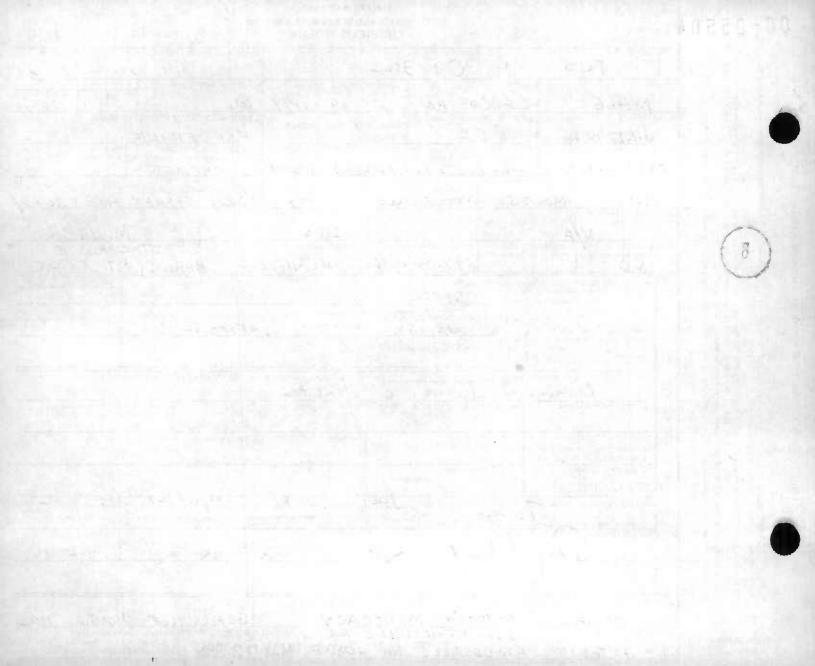
L.I.BERTYTOWN, MD

APR 1 5 1986

Sin Davidson Panders



	1				STATE OF MAR	YLAND				
00-05504	1.	FOR STATE		DEPARTM	ARTMENT OF HEALTH AND MENTAL HYGIENE					
		REGISTRAR			CERTIFICATE O	F DEATH	8	QG. NO.	1 1 5	3 3 3
			FIRST	MIDDLE	LAST		20. DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
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a de de	3. SE	Х	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAY	
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ofter dec	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		NSTITUTION	120 USUAL OC		12b. KIND	OF BUSINESS OR
by the	F	REDERICK			IREMENT	CENTER		PRMER		11
o u e	USU la	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	I. GIVE RESIDENCE BEFORE A	DMISSION)	E CITY LIMITS?	13e.STREET AD			
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2 sb	14. F	ATHER'S NAME	WIDDIE	LAST	15. MOTH	ER'S MAIDEN NA				
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REDE		VAS DECEASED EVER IN		166 SOCIAL SECUR	ITY NO. 17 INFOR	-		ADDRESS S	TAR RO	WIF
		YES, NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES)	577-05-	1046 JOHI	V CAMPRI	ELL	MARION). MT.	59925
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by the			lost DUE TO, C	OR AS A CONSEQUEN	ICE OF					
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Then g to bu	ĕ	0	Kinsons ,	disease	c der	1 .				
ding physicion. Is certificate has bee buriel-transit permit. Mental Hygiene prior or item 18 shows any	CERTIFICATION	190 DATE OF OPERATIO	IN 196 COND	TION FOR WHICH C			20a AUTOPS		F YES, WERE FINE	
te hos	E	The same					YES T N	ION INC	ERTIFYING CAUS	NO
hysicie ficote ronsi Hygi 18 sh	1 %	210. ACCIDENT WAS UNDER	- Linking A		21c. HOW	INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEA	A 18 PART I OR PART 2	1)
ng physicertification vial-transmiser 18 g	4	OR CONTRIBUTING CAU		.M. MONTH DAY	19					
C C ~ 07	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCA	ATION		ITY OR TOWN	COUNTY	STATE
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		22a. I certify that (I) (th			100	19.81		nd 21	19 86	, that (I) (we) lost
E = 0 5 = =		saw the deceased	olive on 12 199	alter death	ond that in (n	ny) (oor) opinion	death occurred	on the date and	hour and from the	he couses stated
hed hed tem		22h SIGNATURE	3	A A	DEGREE				22c. DA	TE SIGNED
the of the o		(+	1841 /. (-11	4.0.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	4	1-27-86
NER VER		224 PHYSICIAN'S NAM	E (TYPE OR PRINT)		27e ADDI					
오늘 교육 등 등		CELO CALLON								
With Who	23a	BURIAL, CREMATION, RE	MOVAL 23b. DATE	23¢ N/	ME OF CEMETERY C	OR CREMATORY	23d. LOCATIO	NC		
BP		(SPECIFY)	11-2	- 10/ AA	DNOCAC	1	BEALL	10WN	- HONT	STATE MAD
	24. F	UNERAL DIRECTOR	2311		VILLE RO	25a DAT		ISTRAR 25b. RE	GISTRAR'S SIGN	1 HOC HAC
OHMH - 16 50M 4/83 (VRA 15, 4)	1,	C. HILTON)		ADDRESS	Md. 2083	SP MAY	102 100	& dista	Tainday 7	Randalle
		CITICION	DHKIU	ESVILLE,	114.000	17074	100 150		1-0000	7



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	1					STAT	E OF MARYLAND				
172	L	FOR STATE REGISTRAR				CERTIF	FICATE OF DEATH	S O REG. N	-	1	5 5 4
116		DECEASED NAME	FIRST		MIDDLE		A IA - O FE O	20 DATE OF DEATH	MONTH D	YEAR YEAR	26 HOUR
deor	3	SEX	1159	4 RACE	melli	4	CARTER	6. AGE (IN YEARS LAST BE	STHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
haurs offer		Female	2172	Whi	te		. 1, DAY 19 10 EAR	75	YRS	ONTHS! DAYS	HOURS MIN.
in 72 hau		BIRTHPLACE (STATE OR LOS LATE		76 CITIZEN OF	•A •	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	erick		MD.
and be filed within 72 in the form of the following the following of the following the	5	city or town of de	ATH		HOSPITAL, NURSIN EN FACILITY, GIVE STREET 1 CK MEMOT		OR OTHER INSTITUTION Iospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) NUTSE A10	OF WORKING LIFE	INDUSTRY	OF BUSINESS OR Hospital
auld be t	No.	SUAL RESIDENCE (IF NURS IN STATE Iary land	134 COUNTER	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 4401 Can	ZIP CODE	., 217	755
and 2 sh	14	FATHER'S NAME	Cr	eighton	Kline		15. MOTHER'S MAIDEN NAME FIRST E11a	ALIDOIG		Mc	oler
ond co	16	(YES NO OR UNKNOWN)		E WAR OR DATES)	220-30-9		17 INFORMANTC. Wa Jeff	yne Carter erson, Md.		Canton	Ave.
8		18 CAUSE OF DEAT PART I. DEATH W		ly one couse per D BY: E CAUSE (o)	Post-M	urot	ic Crrtos	i, NonA	Um B	BETWEEN	XIMATE INTERVAL ONSET AND DEATH
otte dime		Conditions, if any		DUE TO, O	RAS A CONSEQUE		allitus		4.5		
by the ase remail, cremo		gove rise to improve to couse to static underlying couse	ng the	DUE TO, O	R AS A CONSEQUE	ENCE OF	Heert Fai	lun			
Then ple ta buria injury, ar	2		VIFICANTO		ONTRIBUTING TO	all .	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	10
hos been prior ene prior aws ony	NOTA STORY	190 DATE OF OPERA	ION	196 COND			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		INGS USED S OF DEATH?
al-transinatel Hyginem 18 sh	N .		CAUSE OF DEA	177		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM 18 PA	RT 1 OR PART 2)	
s the buri	IA CHOOM	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
CTOR: After use at of Health		22a I certify that (1) sow the deceas above, (1) (we) ((this hospid	tol) oftended th	e deceosed from_ 19_ ofter death	3)	nd that in (my) (cor.) opinion	deoth occurred on the d	ote and hour	ond from the	that (I) (#e) lost
(AL DIRECTOR: detoched for us ate Dept. of He UT: If Hem 21 is		276 SIGNATURE	usti-	P	28-21	,		MEDICAL STA	FF CIAN []	22c. DATE	SIGNED
should be detoo with the State D IMPORTANT: If		22d PHYSICIAN'S N.	Aust.		earre, Jr	•	804 Toll H	ouse Ave.,	Freder	ick, N	id. 21701
- v 3 <u><</u>		o. BURIAL, CREMATION,	on		5,1986 S	miths	EMETERY OR CREMATORY burg Cremator				
16 60M 7/84 RA 15, 4)	1	FUNERAL DIRECTOR J	ohn T	. Willid., Bru	ams Funer	al Ho	me AFR B	E RECOVERED STAN	235 REGISTR	AP TRAINS	

DHMH - 16 60M 7/84 (VRA 15, 4)

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9	age 3 death	1 DE	CEASED NAME E OR PRINT) CARP	FIRST		MIDDLE	Col	ALUCA, S		ATE OF DEATH	27,	DAY YEAR	26 HOUR 6:15 PM
моу	00	3 SE			4 RACE		5. DAT	E OF BIRTH	6 AC	(IN YEARS LAST	BIRTHDAY)	MONTHS DA	
age 4	6		ALE		WHITE		04			9	YRS		
leath. Po	191		IRTHPLACE (STATE OR COUNTRY)	FOREIGN	USA	WHAT COUN	MAR	NED NEVER MARRIED	J .	TREDERIC		TY OF DEATH	MD.
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AND 212	filled in	USU 130.	AL RESIDENCE (IF NURS STATE MD	HIS COUN	OTHER INSTITUTION	13c. CITY OR DERWO	TOWN	136. INSIDE CITY LIMIT YES 🖔 NO 🗌	13e S	TREET ADDRES	s / zip co k Lane	DE 20855	5
RYL.	d 2 st	14. F	ATHER'S NAME FIRST		MIDDLE	LAS!	1	15 MOTHER'S MAIDEN		WIDDLE			LAST
BALTIMORE, MA	du b	1	CESIDIO	10.11.5.45	WED FORCES	COLAL		CICCORI'	TTI	A D	DRESS	NUNZIA'	
ORE	Pages		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		E WAR OR DATES)		SECURITY NO	Carmine Co.	1.01.1.00			iol In	MD
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ined by the attending please remove corb ourial, cremation, ari		Conditions, if any, gave rise to imm cause (a), static underlying cause	nediate ng the last.	(b) DUE TO, C	RAS A CONS	SEQUENCE OF	- UASELVAN		DISEASE OR CO	ONDITION	GIVEN IN PART	· Iro
TAL RECORDS	intran. The has been significant permit. There yield prior to k shows any injur	CERTIFICATION	190 DATE OF OPERA				'HICH OPERA	ION WAS PERFORMED	YE	a AUTOPSY?	IN CER	YES 🗌	SES OF DEATH?
IVISION OF VI	er this certificals the burial-train and Mental Hyrked or Item 18	MEDICAL C	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA CALEXAMINER RED	HOUR A	.M. MONTH .M. OF INJURY REET, FACTORY, OF	1	211. LOCATION	CORRED	CITY OR		COUNTY	STATE
DI ATTENDIN	IRECTOR: African or hed far use a ept. af Health fem 21 is man		220.1 certify that (1) saw the decease above, 4H (we) (c	ed olive on	27/	Terril	19 FC	ond that in (my) (our) opi					that (In (we) last the causes stated ATE SIGNED
HOSPITAL O	TO FUNERAL D should be detact with the State D IMPORTANT: If I		224. PHYSICIAN'S N	AME TYPE O	PRINT)	TI J	, h,	ATTENDIN PHYSICIA 22e ADDRESS	NG ME DIRI	DICAL ST	TAFF SICIAN [28	sprif 88
В	P	1	BURIAL, CREMATION, (SPECIFY) SURTAL UNERAL DIRECTOR		5/1/8		Lakev	CEMETERY OR CREMATO	1	LOCATION OUT TOWN OUT TO		airfie:	

1621 Opossumtown Pike, Frederick, MD 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

COUNTY STORY ST. OTH SERVE RECENT CONSTINUES TORREST ANTO SERVICE SERVICE OF THE SERVICE the same of the same of the same of

completely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 hours after death

corbonpopers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit. If with the State Dept. of Health and Mental Hygiene prior the state Dept. of Health and Mental Hygiene prior the state Dept. of Health and Mental Hygiene prior the state Dept. of Health and Mental Hygiene prior the state Dept. of Health and Mental Hygiene prior the state of Health and Mental Hygiene prior the state of Health and Mental Hygiene prior the state of Health and Hygiene prior the state of Health and Hygiene Prior the state of Hygiene Prior the Hygiene Prior the State of Hygiene Prior the Hygiene Prior the

injury, or oth

	STATE OF MARYLAND
0 - 0 3 9 4 71 - FOR STATE PRESISTRAR	DEPARTMENT OF HEALTH AND MEN
U - U J J II - STATE	CERTIFICATE OF DEA

71.	STATE REGISTRAR			DEPARTA		ICATE OF DEATH	SIENE 8 6 N	0.	1	5 6
		Keefer 20-er		aidile BCOE		rampton, Sr.	20. DATE OF DEATH	MONTH 0	1- 86	2b. HOUR
3. SE			4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	_	FUNDER I YEAR	HOURS MIN.
	Male	110	Wh	nite	Augu	st 26, 1898				
	RTHPLACE (STATEOR F COUNTRY) Maryland	OREIGN	TIC'A			D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF			
62	TY OR TOWN OF DEA Jefferson	(TH		NAME OF HOSPITAL, NURSING HOME OR OTHI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3834 Jefferson Pike			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Dealer	F WORKING LIFE	INDUSTRY	Cattle
13a :	AL RESIDENCE IF NURS STATE aryland	13b COUN Fred	TY	13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS? YES AO	130 STREET ADDRESS AND Jeff	ZIP CODE erson	Pike/	21755
14 F	John	Câ	alvin	Crampt	on	15 MOTHER'S MAIDEN NA	ME		Bc	yer
16a \	WAS DECEASED EVER		MED FORCES? WAR OR DATES) One	217-32-5		Mrs. Edna Cr	3834 ampton, Jef	SJeffe ferson	rson F	ike 21755
	18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), and	dicti				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		E CAUSE (o)	Multiple	Strol	Clo	2571		1	Weck
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote	(b)	R AS A CONSEQUE ASCVD R AS A CONSEQUE						
7	PART 2 OTHER SIGN				EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
ATIO	COPD	100	Ementio		OPERATIO	DNUMOMO NWAS PERFORMED	1 20a AUTOPSY?	Job 1F YES	WERE FINDI	VGS LISED
CERTIFICATION							YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
_	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT I OR PART ?)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO	ILE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (I) sow the decease above, (I) (we) (c	d olive on_	L	1/12 19 9	56.01	nd that in (my) (our) opinion		ote and hour		that (I) (we) lost

22b. SIGNATURE

DEGREE ATTENDING PHYSICIAN 27e ADDRESS

MEDICAL STAFF

DIRECTOR PHYSICIAN

22c. DATE SIGNED

610 Ninth Ave, Brunswick,

23a. BURIAL, CREMATION, REMOVAL BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

MPORTANT: If them 21 is marked or them

United Church of ChristJefferson

Frederick

April 51986 United Church of Puneral Director of Bastord Funeral Home 256. REGISTRAR'S SIGNATURE 106 East Church Street, Frederick, Md. 21701

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					STATI	OF MARYLAND			
	1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYC	93 6	1115	5 7
4205		REGISTRAR				ICATE OF DEATH	S REC. N		13 /
a me 1A	(TYPE	OR PRINT)		MIDDLE	7	AST	2a DATE OF DEATH	MONTH DAY YEAR	2b HOUR
d de de de		Jame		mard	LOV	sey		1984146	1110 M
4 mo	3 SE	n. t.o	4. RACE	•	5. DATE C		6. AGE TIN YEARS LAST BIR		HOURS MIN.
9000	1	mare		Islan	12	25 24	6/	YRS	
4 80 86		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIEI	XX NEVER MARRIED	1000	R COUNTY OF DEATH	
de de	10.0	Maryland	U.S.A		WIDOWE		Frederi		MD.
1-11/4	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATE		BUSINESS OR
/s 0 4 6 CL	1	Frederick AL RESIDENCE (IF NURSING HO		ck Memor		ospital	Federal Po	liceman Fed.	Gov't
3 3 3 3 6	13a 3	STATE 13b C	OUNTY	13c CITY OR TOW	N	136. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	0.1
1		LVIAUU	Frederick	Frederic	ck	YES X NO	335 Catéct	in Ave./ 217	01
1 19 1/1/	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	LAST	
2 63/4/	17 1	Leslie VAS DECEASED EVER IN U.S	W.	Dorse		Belva	Irene		<u>iflower</u>
- de 994		res, no or unknown) [IF Y	S, GIVE WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT			
4 6 5		Yes	WW II	217-18-	7918	Mrs. Beverl	y A. Dorsey	335 Catocti	
hysic sope oval.		18 CAUSE OF DEATH (Ent PART I, DEATH WAS CA	er only one couse per AUSED BY:	line for to , (b) pane	dic	0		BETWEEN ON	NSET AND DEATH
bong rem		IMME	DIATE CAUSE (a)	remai	ruter	1 Ulcer			
endir corl n, or mati			DUE TO, O	R AS A GONSEOUE	NCE OF	1 -	1.	MARKET BUILDING	
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th the		cause (a), stating the underlying cause las	e DUE TO, O	R AS A CONSEQUE	NCE OF				
ed by please orial, cr			(c)	Lng		sine			
sign hen i io bu	Z	PART 2. OTHER SIGNIFICA	INT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 110	
been mit T	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDING	GS USED
no per s	IFIC						YES NO	IN CERTIFYING CAUSES C	
N. Thysicio	ERT	210 ACCIDENT WAS UNDERLYIN	G 7 21b. TIME C	F INJURY		21c HOW INJURY OCCUR		120	NO []
SICIAN ng phy certific urial-tra litem 18		OR CONTRIBUTING CAUSE O	A DEATH	M. MONTH DA	AY YEAR				
HYSII Inding During ce During ce	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION			
G PH orter the	M	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
Or Aft Se of the more			nospital) attended/th	e, deceased from_	41	13 19 86		19.86 th	of (I) (we) lost
hospital hospital RECTOR ed for u pt. af He		22a I certify that (I) (this I saw the deceased aliv	e oy 1	19_	86 , on	d that in (my) (aur) opinion	death accurred on the de	ate and have and Iram the co	suses stated
		126 SIGNATURE	a rest, very the body	I)	[DEGREE		22c DATE ST	IGNED,
TAL O y the RAL DI detach forte De		Man	INV.	1	L	ATTENDING PHYSICIAN	MEDICAL STAI		5/86
- 0 111 0 10		224 PHYSICIANS NAME	THE CH PRINTS	1		22e ADDRESS	1.	,,,,,	, 0
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of of short	23a. i	URIAL CREMATION, REMO	WAL THE DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		Burial	4/18/8	36 R	estha	ven Mem. Grds	. Frederic	k Frederick	Md.
DHMH - 16 60M 7/84	24: F)	INERAL MENOR	4-0-11	AL DOOR				25b. REGISTRAR'S SIGNATUI	
(VRA 15, 4)	Ro	bert E. Dail	ey & Son,			ck, Md.	17K21 1986	guna Davidson-h	anders

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CERTIF	ICATE OF DEATH		8 8	. NO.)	(C)	0
	CEASED NAME FIRST		ARIE	E	OVE	20.	DATE OF DEATH	H MONTH	11	8C	26 HOU 410	OPIN
1.58	x Female	4. RACE White	9	5. DATE C			GE (IN YEARS LAS	YRS	MONTHS		IF UNDER	R 24 HRS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland ITY OR TOWN OF DEATH	I	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED		Fre	ederic	k Cou			MD IESS OR
-	Frederick AL RESIDENCE (IF NURSING HOME O	Frede	rick Men	ADDRESS)	Hospital		Housev	ST OF WORKING		DUSTRY		
13a]	STATE 136 COU	erick	Mt. Air	VN .	13d. INSIDE CITY LIMITS YES NO TO THE STATE OF THE STATE		5318 I			2177	1	
16a \	Millard was deceased ever in u.s. Al		ullinix 166 SOCIAL SECU		Ethel 17 INFORMANT			DRESS		xton	1	7
	18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE	nly one couse per ED BY: .TE CAUSE (a)	line for iot (b) or	dici	Harry W.I				13	APPROXI BETWEEN C	MATE INTE	RVAL D DEATH
NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b)	R AS A CONSEOU	ence of	NOT RELATED TO THE T	TERMINAL	. DISEASE OR C	ONDITION (GIVEN IN	PART lic		
CERTIFICATION	19a DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		OB AUTOPSY?	IN CER	YES, WER RTIFYING YES []			TH?
MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE TO COURRED NOT WHILE NOT WHILE ON THE COURSE OF THE	ATH HOUR A. R) P. 21e. PLACE	m. month d m.	19	211. HOW INJURY OC	CURRED		DR FOWN	Ц.	OUNTY		STATE
	778.1 certify that (1) this hospical before a clayed of the control of the contro	ortol) oftended the	e deceased from				to			from the		
	Ronald E. M	iller, N			4 Culwel:			. Agr	y, Mo	1. 21	1771	
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE Apr. 14			emetery or cremato		Long Co	rner,	Hot	ward	M	STATE
24 F	uneral director	esworth,	P. A. DOREST	amascı	363	. DATE RE	C'D. BY REGISTA	RAR 25b. REG	SISTRAR'S	SIGNAT		

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND		ST	ATI	E OF	MA	RYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	REG. NO.	

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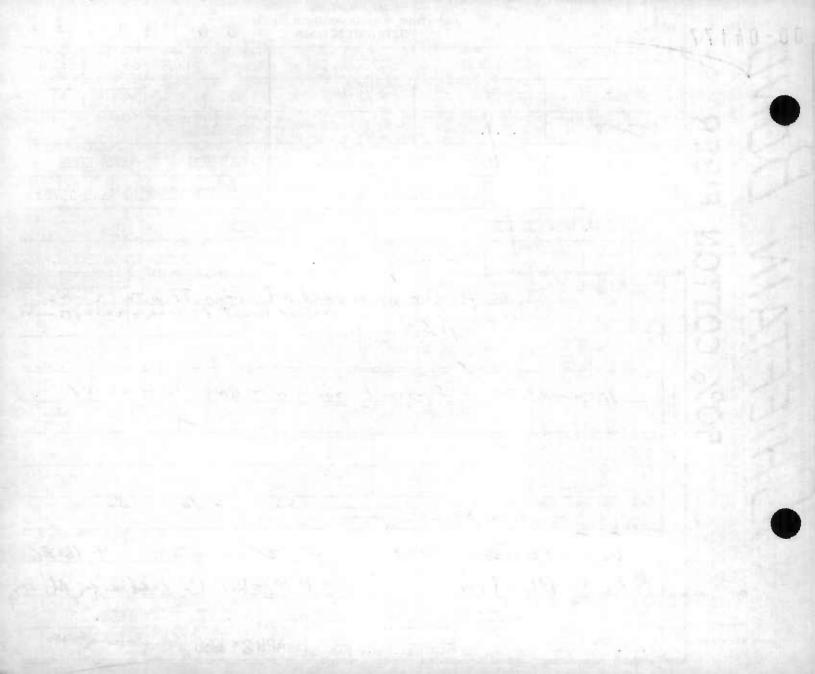
71	REGISTRAR		CERTIFI	CATE OF DEATH	O RE	G. NO.	1 3	
=	TOECEASED NAME FIRST EVA	IRENE	EC	KER	20 DATE OF DEA	04/16	/86	9:30PM
	FEMALE	4. RACE WHITE	5. DATE OF "01"	F BIRTH /20/04 YEAR	6. AGE (IN YEARS LA	AST BIRTHDAY) YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	MARYLAND	76. CITIZEN OF WHAT COUNTS U.S.A.	RY? 8 MARRIED WIDOWEL	NEVER MARRIED DIVORCED	9. BALTIMORE CI FREDER		Y OF DEATH	MD.
7	FREDERICK	FREDERICK MEM	ORTAL H	ROTHER INSTITUTION OSPITAL	HOUSEWII	IPATION OF OF WORKING L	12b KIND C	OF BUSINESS OR HOME
5	100 March 1997	DÉRICK PRÉDER		131 NSIDE CITY LIMITS?	135422 OP	5°SNATEOR	₹AL PIKE	21701
1	VERNON W. GROS			EFFTE MAI	E SMITH MIDI		LAS	ST
-	NO NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166 SOCIAL SI VE WAR OR DATES) 212–62		OWEN E. ECK		5422 (OLD NATI	IONAL PIKE
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEI (b) DUE TO, OR AS A CONSEI (c) CONDITIONS CONTRIBUTING	OUENCE OF	NO CARDIA CONFESTIVE NOT RELATED TO THE TERM ABBOMAN	MINAL DISEASE OR			og Thmins
1	AWCIRE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIF IFYING CAUSES (ES]	
A STATE OF THE PARTY OF THE PAR	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDIC AL EXAMINE 21d INJURY OCCURRED WHILE AL WORK AT WORK	Ain	DAY YEAR 19	211 LOCATION STREET		FINJURY IN ITEM 18	PART I OR PART 2) COUNTY	STATE
	22a I certify that (I) (this hasp saw the deceosed alive or above, (I) (we) (did) (did no	nital) attended the deceased fra n. 4-16-86 19 at) view the bady after death.	9, one	d that in (my) (aur) apinian	to 4-	/6 - the date and ha	iur and from the	
	226. SIGNATORE	narten >	mp °	ATTENDING PHYSICIAN (22e ADDRESS	MEDICAL DIRECTOR PH	STAFF HYSICIAN	224 DATE	16.86
	RexRY	MARTIN			IRAKET J	T- Fac	ed exid-	< Md 2/7
	BURIAL BURIAL			DAM CEMETERY	23d. LOCATION	NSVILLE	FRED.	MD STATE
	24 FUNERAL DIRECTOR			25g DA	TE REC'D BY REGIS	TRAPISS PEGIS	TRADIS SIGNAT	Chips a South

DHMH - 16 60M 7/84 (VRA 15, 4)

D. HARTZLER

LIBERTYTOWN, MD

APR 2 1 1986 Fine Janison April 1986



06160	1 -	FOR STATE REGISTRAR			DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 RES. NO		1 5	6 0
pe 3		OR PRINT)	5ARA	Ť	WIDDLE	EN	SFIELD	20. DATE OF DEATH	4 30	- 1	2b. HOUR
tor, page 3 ofter death	3. SE.	X		4. RACE		5. DATE		6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
ector rs oft		Female		White		Aug	15 1000	76	YRS.	VIHS DAYS	HOURS MIN.
ter deoth. Page within 72 hours		RTHPLACE (STATE COUNTRY) Pa.	E OR FOREIGN	7b. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED	BALTIMORE CITY OF Frederick			MD.
s ofter d		r or town or Braddock		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET BONA NURS	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	DN FWORKING LIFE)		BUSINESS OR aker
ed within 24 hours mpletely filled in to odd 2 shorld be fi	USU. 130. S Ma		13b COUN Fred	OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOW KNOXVI LAST	E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO S 15. MOTHER'S MAIDEN NAM	13. STREET ADDRESS / 649A Pef	ZIP CODE	FILL ES	/ 21758
oted w	17 1	Delma VAS DECEASED E		ancel	Thomps		Elizabe	th Adela		Rams	sey
be exect		VAS DECEASED E YES NO OR UNKNOW! NO		WAR OR DATES)	215-80-		Bertram Enf		649	Md. 2	
a Tyticate oncomer movel.		18. CAUSE OF D PART 1. DE A1		y one couse per DBY: E CAUSE (a)	PNEU	1001	A				NSET AND DEATH
t the dance corb		Conditions, if gove rise to couse (a), sunderlying c	immediate tating the	(b)	R AS A CONSEQUER AS A CONSEQUER	CED	MIZHEIMER	Us OISEAS	E	SEVER	m yrs
requires the	CERTIFICATION		SIGNIFICANT C				NOT RELATED TO THE TERM	INAL DISEASE OR CONI			
n. nos b perm ne pr	FIC/	190 DATE OF OP	EKATION	198. CONDI	HON FOR WAICH	OPERATIO	IN WAS PERFORMED	YES NOXXX	IN CERTIFYIN	VERE FINDING	OF DEATH?
CIAN: The physicion partificate of altronsit and Hygie em 18 ste	_		S UNDERLYING CAUSE OF DEA	21b. TIME O HOUR A./	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR				NO []
G PHYSI optending er this ce s the buri and Mer ked or Ita	MEDICAL	21d. INJURY OC		21e PLACE			211. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
TENDIN or or use or or use or of Health	R	220. I certify the	t (1) (this hospit		deposed from_	86.0	nd that in (my) (our) opinian o	eath occurred on the do	te and hour a	86 , th	ha (1) (we) lost
by the hosp by the hosp ERAL DIREC: e detoched for State Dept. a		22b. SIGNATURE	re) (did) (did nat	Mle	atter death.		DEGREE ATTENDING PHYSICIAN	7.0	F	220. DATE S	
TO HOSPITAL retained by the TO FUNERAL should be detived the State with the State IMPORTANT:		22d. PHYSICIAN	YNE TYPE OF	Auga	er		B RUNSI			1716	
BP	- 6	URIAL, CREMATA SPECIFY) Urial	ON, REMOVAL	23h DATE 5/3/86			ed Cemetery	23d LOCATION CITY OR TOWN Jefferso	n, Fred	derick	, Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		ohn T. W		Funera	1 Home Br	unswi	ck, Md. 250 DATE	PEC'D. BY REGISTRAR	Sh REGISTRA	R'S SIGNATU	RE

CLUMNY3 12-17-Transmission S The shower - whereas capitages a province 96/11 DELINE LE 110 21716

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TO FUNERAL DIRECTOR. After this certificate has been signed by the

should be detoched for use as the burial-tronsit per with the State Dept. of Heolth and Mentol Hygiene p

or Hem 18 she

IMPORTANT. If Item 21 is morked

ne priar to burial, cremotion,

Then please

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı		REGISTRAR		4		CEKTIFI	CATE OF DEA	Ain		REG. NO).		30.3	
		DEASED NAME	Charle		J.	-	ogle		20 DATE OF D	EATH A	4 -	29-86	2b. H	9:30
	3. SEX	ma		1. RACE 713h	ite	5. DATE O	DAY	YEAR	6. AGE (IN YEA	RS LAST BIRTH	HDAYI	IF UNDER I YEAR	IF UN	DER 24 HRS
	70. BIF			b CITIZEN OF	WHAT COUNTRY	? 8 MARRIED		75	9 BALTIMOR	E CITY OF	COUNTY	Y OF DEATH		
1	, 1	nary	iana	и.	5.17.	WIDOWE		RCED	Fre	den	CK (MD.
1	10 C1	rede	rick/	Fred	H FACILITY AGIVE STREE	ADDRESS)	rother institu	pital	TYPE OF WORK F	or most of	WORKING LI	FE) INDUSTRY	,	INESS OR
4	130 S	TATE A CHILDENCE	THE BALL		GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY	LIMITS?	3617	DORESS /	ZIP CODE	2120 ane Ap	7	3 <i>B</i>
	FA	THERS NAME	21	T.	Fogle		15. MOTHER'S M	alden NAM	% ^	MIDDLE	iv	Pfo	ut;	7.
1	16a, W	AS DECEASED		WAR OR DAYES)	21703	9655	Elinabe	the w	letael	ADDRES	TALLIN	estown	1	nd.
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			stating the	DUE TO, OF	r as a conseou	JENCE OF								
	NOI	PART 2. OTHE	AYPER-	TENSI		EMP.	HYSEA		VAL DISEASE	OR COND	OITION GIV	VEN IN PART 1	a	
1	CERTIFICATION	190 DATE OF	OPERATION	196 CONDI	TION FOR WHICH	H OPERATION	N WAS PERFORM	ED	200 AUTOP	NO 7	IN CERTI	S, WERE FINDI FYING CAUSES ES	OF DI	SED EATH?
		OR CONTRIBUTION	WAS UNDERLYING ON CAUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJUI	RY OCCURRE	D (ENTERNATU	RE OF INJURY	Y IN ITEM 18	PART OR PART 2)		
	MEDICAL	21d INJURY O	CCURRED	21e PLACE			211 LOCATION STREET			CITY OF TOW	VN	COUNTY		STATE
		22a I certify t	hot (I) (this hospin deceased alive on (wa) (did) (did not	APRIL	25.10	APRIL 86, on	d that in (my) (19 <u>84</u> Opinion de	, to eath occurred	on the da	te and hav			li (we) lost s stated
		22h IGNATU	hund	Ru	do, m	×0	PHY	ENDING (SICIAN E	DIRECTOR [STAFF PHYSICI		120 DATE 4/2	SIGNI	86
		APTI	N'S NAME (TYPE OR	PRINT)	DO, M	4	WESTY	524-E	BR, M	171/10 12/1	RE-WA	BOULDY	AR.	D
	{!	BUR	TION, REMOVAL	23b. DATE 5-1.	-86 E	NAME OF CE	Dam C	emeter	el.	RIOWN		COUNTY		STATE
	24 FU	IAIGH	T FUNE	RAL +	lome coress	TYKES	VILLE, M	API	R 29 19		ruha D	TRAR'S SIGNA	TURE	ملال

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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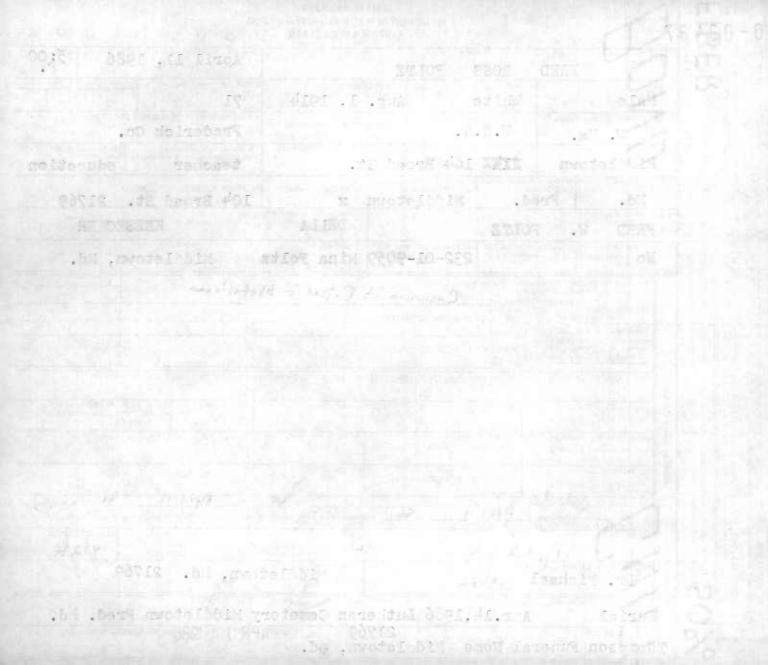
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Middletown, ad.

Thombson Funeral Home

DIVISION OF VITAL RECORDS

(VRA 15, 4)



0-0517	8	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND I	MENTAL HYG	IENE 8	6 REG. NO.	1	1 5	6 3
			EASED NAME	FIRST		MIDDLE	- L	AST		20 DATE OF D	EATH MO	ONTH D	AY YEAR	26. HOUR
by be gode 3 death		{ I YPE	OR PRINT)	Emma.		Harrill	F	RAZIER	100		April	24,	1986	9:45 an
je 4 mo) setter po		3 SE)	Female		4. RACE Whi	te	S. DATE C		1924	6 AGE INYEA	RS LAST BIRTHD		FUNDER I YEAR	HOURS MIN.
orth. Poger of 72 hours	0		RTHPLACE (STATE OR OUNTRY) Orth Carol		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER A	WARRIED D	9 BALTIMOR	erick			MC
by the fun filed within		10. CI	rog town of DE.	ATH	11. NAME OF (IF NOT IN SU 7070	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Catalpa R	Oad		-	12a USUAL O	CCUPATION	ORKING LIFE	12b. KIND C	F BUSINESS OR
n 24 hour	5	13a. S Ma	AL RESIDENCE IF NURS TATE TYLAND	13b COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOW Freder	'N	13d. INSIDE C	NO 🔀		Cata]	ip code Lpa R	oad- 2	1701
ompletely ond 2 s	M		THER'S NAME FIRST Robert		Lee	Harri.		Ve	S MAIDEN NA/ FIRST	Ca	theri			hael
on and c	1		AS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES, GIV	MED FORCES? (E WAR OR DATES) ON C	240-24-7		17 INFORMA Todd						. 21108
ficate I obysicio popers noval.			18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one cause pe D BY: TE CAUSE (o)			orra					BETWEEN	MATE INTERVAL ONSET AND DEATH
that the de care the off the care the off the	5	CERTIFICATION	Conditions, if any gove rise to im- couse (o), stotil underlying couse PART 2 OTHER SIG	mediate ng the e last.	(c)_ CONDITIONS C	OR AS A CONSEOU	ENCE OF ## 5 C DEATH BUT	VE NOT RELATED		350	SY? [2	ION GIVE	WERE FINDING CAUSES	NGS USED
N. The hysician icate ha cann't pe Hygiens Ill shem	\leq		21a. ACCIDENT WAS UN	the same	110110 4	OF INJURY	AY YEAR	21c HOW IN	IJURY OCCUR	YES	XXON	YES		NO 🗌
G PHYSICU attending p for this certificate s the buriol- tiond Mentidi	7	MEDICAL	IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIW AT WORK	RED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, I	19 FARM, ETC.)	211 LOCATIO	NC		CITY OR TOWN		COUNTY	STATE
AL OR ATTENDRY y the heapful or eat Director and detection between Dept. of Health Mill ill mm. 21 or mo.			22a. I certify that (1 saw the deceas above 112 well	ed To ve on did did did no	it) Yew the body	19		DEGREE	ATTENDING PHYSICIAN	mEDICAL	STAFF	and hour		
O HOSPIT frained b O FUNE hould be wedstay	1		P. Gre	- '	Rausch,				t Sever	nth St.	, Fred	leric	k, Md.	21701
BP			urial, cremation, specify) June 1	1.	A TOTO	28 1 084 W	achin	emetery on Na	. Adams 7	Suit	RTOWN	P	G.	State Marylar
(VRA 15, 4)		10	6 East Ch	rch S	treet	Frederick	c Md	21 701	"APK 3	LIMB	15	Section 5 cars		355

CTATE OF MARYLAND

April 29, 1966 Print		ANT LLIER		
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NDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or offending physician.

TO HOSPITAL

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00-05174

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO.	1	1 4	6	é
TE OF DEATH HOL	ITAL OLAY	VE AD	Tal HOLLD	

	- STATE REGISTRAR			DEPARIN		FICATE OF DEATH	8 6 REG. N		å	5 6
	CEASED NAME	FIRST		WIDDLE	I.	LAST	20 DATE OF DEATH	-	DAY YEAR	2b. HOUR
(TYP)	E OR PRINT)	mnet	4	Eugene	G	rlass.	Ronal	28	1986	020
3. SE	X	4.	RACE	3	S. DATE C	OF BIRTH	6 AGE (NYEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24
-	Male		WHITE		06 NTH	8 1942	43	YRS.		
	COUNTRY) MD		USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OF FREDERICI	ζ	Y OF DEATH	
	TREDERICK			HOSPITAL, NURSIN ICK MEMORI		OSPITAL	CARPENTER	ON IF WORKING LI	126 KIND C INDUSTRY CONS	TRUCTI
13a	JAL RESIDENCE (IF NURS STATE MD	FREDE		THURMONT	,	13d INSIDE CITY LIMITS? YES NO 1	Rt. 2 Box	401°	E 21788	
	ATHER'S NAME ALMER	EUGER	VÉ	GLASS		EARLENE	VIRGINIA		DAVŤ	Š
16a Y	WAS DECEASED EVER ES NO OR UNKNOWN)	1960 - 6		212-38-97		17 INFORMANT Linda Lou Gla	ADDRI ASS Rt. 2 Bo		l, Thur	mont,
	Conditions, if any, gove rise to imm		(p)_	CXCTH	510	e Stay	0 4			
ATION	gove rise to immediate (a), stating underlying couse	mediate ng the last.	DUE TO, C	DR AS A CONSEQUE	NCE OF		INAL DISEASE OR CON	20b. IF YE	S, WERE FIND!	NGS USED
ERTIFICATION	gove rise to immoduse (a), static underlying couse PART 2 OTHER SIGN	mediate ng the last. NIFICANT COI	DUE TO, C	DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	S, WERE FINDI FYING CAUSES	NGS USED
CAL CERTIFICATION	gove rise to improve the course (a), stoir underlying course PART 2 OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UNIT OR CONTRIBUTING	mediate ng the lost. NIFICANT COI TION DERLYING CAUSE OF DEATH	DUE TO, C (c) NDITIONS C 19b CONE 21b TIME C HOUR A	OR AS A CONSEQUE ONTRIBUTING TO E	DEATH BUT	TILL / Y A	200 AUTOPSY?	20b. IF YE	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH
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WEDICAL 230 6	gove rise to improve the course (a), stating underlying course PART 2 OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d. INJURY OCCUR! WHILE NOTHY ALWOW 220 1 certify that (1) saw the decease above, (1) (we) (6) 22b. SIGNATURE	Mediate 19 the 10st. NIFICANT COL TION DERLYING CAUSE OF DEATH (CALEXANINER) RED (this haspital) ed alive an did (did nat) w AME (TYPE OR PE	DUE TO, C (c) NDITIONS C 196 CONE 216 TIME (HOUR A P 21e. PLACE (AT MOME S)) attended to the source of the	ONTRIBUTING TO DOTTION FOR WHICH OF INJURY A.M. MONTH DA OF INJURY TREET, FACTORY OFFICE, F. Y after death.	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOC ATION STREET 19 5 2 nd that in (if y) (our) opinion of the control of the control opinion	YES NO NO NOTION	20b. IF YE IN CERTIII YE RY IN ITEM 18 I	S, WERE FINDI FYING CAUSES S D PART (OR PART 2) COUNTY 19 S C D ur and from the	NGS USED S OF DEATH NO STA

DHMH - 16 60M 7/84 (VRA 15, 4)

ı - n 3 5 0 3	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 6 REG. NO.	1565
000-	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
poge 3	E LEANOR	IRENE	GRAY	April P,	1986 1:08 M
r po	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS
ecto irs of	FEMALE	CAUCASTAN	01 12 1925	61 YRS	ALL STATES
a # 1 1 1 1 1	O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deo 1	MARYLAND	USA	WIDOWED DIVORCED	FREDERICK MARYLA	AND MD.
B 10 6//	III CITY OR TOWN OF DEATH	17. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR "COST OF WORKING HEE)	126. KIND OF BUSINESS OR INDUSTRY
1 1 1 7 2	FREDERICK	NORTH HAMPTON MA		HOUSEWIFE	OWN HOME
n 24 ho	MARYLAND MONT	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JUNTY 13c. CITY OR TOW SILVER ST	PRING 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 11445 COLUMBIA	PIKE 20904
W 15 /6/	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
D # 1 /3 /4	HARRY O	MILLS			LLER
C de de C		SIVE WAR OR DATES)	DAUGII		MARYLAND
aq da da	NO	219-20-10	38 MARY JANE PE	AKE 11416 WELLER 1	
g physic conpape remayal	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and SED BY: ATE CAUSE (a) CARDIA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death c attendin nave cork raumatic	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ATOR FAILURE		
that the d by the lease ren	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	CHRONIC OBSTRUC	TIVE PUL. DISEASE	
gne en p bur	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	VIN PART IIa
law requ	3 190. DATE OF OPERATION	196 CONDITION FOR WHICH	CUSHINGS DISEASS	200 AUTOPSY? 206. IF YES,	Wrue addiction WERE FINDINGS USED ING CAUSES OF DEATH?
The I	21g. ACCIDENT WAS UNDERLYING			YES NO YES	
N H H	OR CONTRIBUTION OF OR OTHER		Y YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T ORPART 2)
SICLA ng p certification of the certification of th	IF EITHER NOTIFY MEDICAL EXAMIN		19		
NG PHYS attendir frer this as the but he and M syrked or	Use timer notify medical examing 21d Injury Occurred White Notwhite AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIP ortal or TOR: Al for use of Healts	sow the deceased alive of		and that in (my) (and apinian	death accurred an the date and hour	, that M (we) last
AT AT Hosp ed feed feed feed feed feed feed feed	22b. SIGNATURE	ot) view the body after death.	DEGREE		22c. DATE SIGNED

TO FUNERAL DIS should be detach with the State De IMPORTANT: If Is TO HOSPITAL OF 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE 1986 GEO WASHINGTON PRINCE GEO. MARYLAND REGISTRAR'S SIGNATURE NAME FRANCIS J. COLLINSGOREJR.
500 UNIVERSITY BLVD. WEST SILVER SPRING, MD. (VRA 15, 4)

GEORGE I. SMITH, JR. M.D.

ATTENDING PHYSICIAN

MEDICAL

804 TOLLHOUSE RD. FREDERICK, MD.

21701

DHMH - 16 60M 7/B4

1 CARD MC ACTED RECEIVED THE LEVEL AND Stone Comme Darmers the Deage Note were vering any desire in recent , Any added Fapel Ex 40E D. E. 374 SULL STATE

FOR

3. SEX

CERTIFICATI

MEDICAL

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marked or Item 18

STATE

DECEASED NAME TYPE OR PRINTI

Female

STATE OF MARYLAND
DED A DEMENT OF HEALTH AND MEN

Catherine Virginia Virts Green

Caucasian

4 RACE

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

ı°2,

1913

ENE 8 REG. NO.		.5	6	Ó
20. DATE OF DEATH MONTH	DAY	YEAR 86	2b HOU	R
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
72 YRS.	MONTHS	DAYS	HOURS	MIN.
9. BALTIMORE CITY OR COUNT	Y OF DE	ATH	-41	
Frederick Co	unty	,		MD
10. LICILLA OCCUPATION	101	1/15/10 0	E BLICK IF	00.00

5	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Brunswick, Md.	U.S.A	• WHAT COUNTRY? 8 MARRIE	D X NEVER MARRIED	Frederick Coun		
1	Jefferson		HOSPITAL, NURSING HOME (THE FACILITY, GIVE STREET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION (JYPE OF WORK FOR MOST OF WORKING LIFE) homemaker	12b. KIND OF BUSINESS O INDUSTRY OWN home	
7	USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CC Maryland Fre		GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN Jefferson	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP CODE 5620 Broad Run R	load 21755	
1	John R.		Virts Ida 15. MOTHER'S MAIDER		MIDDLE E.	Shilling	
	16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 214-16-0581	17 INFORMANT Larry Eugene	Green (same as #	13)	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	r anly ane cause per USED BY: DIATE CAUSE (a)	Coronary ar	tery diseas	e	BETWEEN ONSET AND DEATH	
		DUE TO, O	R AS A CONSEQUENCE OF			0	

5. DATE OF BIRTH

MONTH

Dec.

WWWLDW	DBY: ECAUSE (0) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF	V V
Conditions, if ony, which	doe to, or as a consequence of	
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOXX

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY

CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

22a.1 certify that (1) (this haspital) attended the deceased from (our) apinion death accurred on the date and hour and from the causes stated

DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF 66 PHYSICIAN DIRECTOR PHYSICIAN

Brunswick 23a BURIAL, CREMATION, REMOVAL 23¢. NAME OF CEMETERY OR CREMATORY

(SPECIFY) Buria1 April 19, 1986 Union Cemetery 24 FUNERAL DIRECTOR

Lovettsville, Virginia 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Brown Funeral Home P.O. Box 320 Lovettsville,

DHMH - 16 60M 7/84 (VRA 15, 4)

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should by

STATE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	THE RESERVE THE PARTY OF THE PA	TO HOSPITA OF CAMPAN A CONTRACT OF CAMPAN AND	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the minding physician and completely filled in by the funeral director, page 3 -F-	should be detached for use as the burial-transit permit. Then in the second propers. Pages 1 and 2 should be filed within 72 hours after death with the State Deot. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other troumatic event, the medical examiner must be notified at once	34 C /

BP.

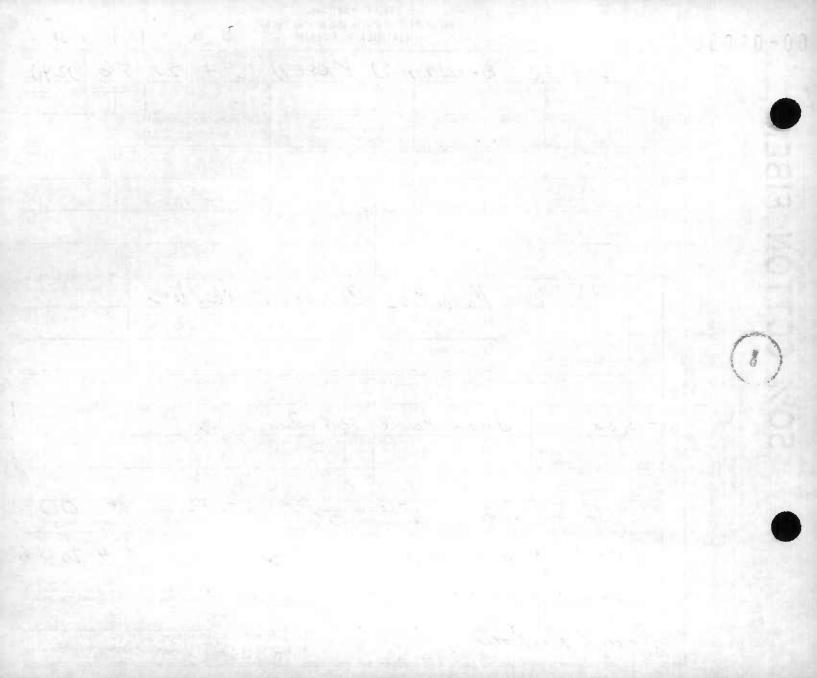
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND 1 - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. N	10.		1	5	6	
OF DE	ATH	MONTH	DAY	YEAR	26	HOLIP	

	1. DEC	CEASED NAME FE	RST	MIDDLE		AST AA		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR	. \	
	(,,,,,	LES	TER E	ENJar	かりん	DR	EEN	SR. 4	20	86	024	40m	
ī	3. SEX		4. RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS A	MIN.	
		Male	Whit		Sept	. 20 19	13	72	YRS				
		RTHPLACE (STATE OR FORE)		WHAT COUNTRY?	MARRIE	NEVER MA	RRIED 🗆	9 BALTIMORE CITY	ederic				
1	10 (1)	Maryland TY OR TOWN OF DEATH	US.A	HOSPITAL, NURSIN	WIDOWE		RCED	128 USUAL OCCUPATION 126, KIND OF BUSINESS OR					
A		Frederick	Frederi	Lck Memor:	ial Ho		Orchardist Orchard						
1	USUA 13a S		HOME OR OTHER INSTITUTION COUNTY	I 3c. CITY OR TOW		13d. INSIDE CITY	LIMITS?	13e.STREET ADDRES	S / ZIP COD	Ε			
1			Frederick	Myersvil.	le		Kol	10824 Ple	asant '	Walk Ro	ad 217	73	
	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S A	ST	WE		LAS	Т		
4			Benjamin	Green		Gertr		4.00 A.D.	DRECC		cimm		
			J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMAN		10824 PTe			ad		
		No		220-18-1	6/3	Mabel G	reen	Myersvill	e, MD		A A TE IN ITED (
		18 CAUSE OF DEATH (E PART I, DEATH WAS	nter only one couse per CAUSED 8Y:	World, thi, age	المالة	Mana	4 -1	Roca	1804	BETWEEN	MATE INTERVA ONSET AND DE	ATH	
		IM/	MEDIATE CAUSE (a)	UXUXU	uic.	Call	mowe	t vece	acc				
		C 15 17 17	/	R AS A CONSEQUE	NCE OF								
		Canditions, if any, will gave rise to immedi	ate)					3					
		cause (a), stating underlying cause I	ast.	r as a conseque	NCE OF								
		PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CO	ONDITION GI	IVEN IN PART 10	0	_	
	NO.												
7	MEDICAL CERTIFICATION	19a DATE OF OPERATION	19b CO10	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED 1.	20a AUTOPSY?		S, WERE FINDIN		?	
k	RTIFI	4/8/86	Sn	rall Bo	wel	deski	ullion	YES NO	Y	ES 🗌	NO 🗌		
1	G	210. ACCIDENT WAS UNDERLY	110110 4	FINJURY M. MONTH DA	YEAR	21c. HOW INJU	IRY OCCURR	RED (ENTER NATURE OF	VJURY IN ITEM 18	PART I OR PART 2)			
	ICAL	(IF EITHER NOTIFY MEDICALE	XAMINER) P.		19								
	MED	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION		CITY OF	RIOWN	COUNTY	STAT	TE	
		AT WORK AT WORK			7/2		86	4/2/	,	26	07	_	
		220.1 certify that The	1 14/73		5/3	nd that in m	u) apinion o	death accurred an the	date and ha	ur and from the	thouse state	last	
		abave. ((we) (old) 22b. SIGMATURE	(did nat) view the bady	after death.		DEGREE	9	and the second of the	, date and no	22c. DATE			
		Robert	Other.	- m	2	ATI	ENDING		TAFF	4	20	22	
		22d. PHYSICIAN'S NAME	(TYPE CEPRINT)	00 170		22e ADDRESS	YSICIAN	DIRECTOR PHY	SICIAN		20-0	00	
		Robert	J. Thomas,	M.D.		812 T	oll Ho	ouse Ave.,	Frede	rick, M	2170)1	
		URIAL, CREMATION, REA			AME OF C	EMETERY OR CR		23d. LOCATION					
	(Burial	Apr. 23	3,1986 Mt	.Zion	U.Metho	dist	Myersvil	le Fre	derick h	larv1 a	and	
		INFRAV DIRECTOR	Deckott	. /				REC D. BY REGISTR			URT	10,000_	
	F	Ricketts Fun	eral Home	Myersvil:	le, M	D 21773	APR	20 日間	guarin	Mann 36	136	1	



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nn-	01087	1-	STATE REGISTRAR	7-17-1	PLO CAN	MEDICAL			ERTIFIC			16	REG. NO	. 1	.5	6	8
0 0	UTUDI		CEASED NAME	FIRST	<i>y C v</i>	MIDDLE			LAST		2a	DATE KN	X NWO	_	DAY	YEAR	2b. HOUR
	JRS. ET.			JUDY		Α.		HA	LL		C	OF DEATH M	ATED	4	17	19 86	M
	PLEASE ECTOR. R FILES. HOURS STREET,	3. SE	8	I. RACE	S. DATE OF BIR	TH AY YEAR	6 AGE (IN YE.	ARS IF UN	DER 1 YR. I	HOURS A		DATE	ED	MONTH	DAY	YEAR	2d. HOUR
	ARY TOUR TONS	-	male	Black		5 48	38 YF	RS.				DEAD		4	17	19 86	12:20 PM
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	FI FI	IRTHPLACE (STA	ATE OR	76 CITIZEN OF		NTRY?		ED X NEVE				RE CITY O	_		DEATH	
	S NEC	-21	abama	OF DEATH #	U.S.		URSING HOME	WIDOW		DIVORCED	20 USUAL		rick (ND OF BI	MD.
	ZESES 4	4			(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)				FOR MOST	OF WORKIN		OF WORK	OF	RINDUST	RY
	RD BE			IF IN NURSING HOME	OR OTHER INSTITUTION		morial TE BEFORE ADMISSIN		tai		Nurs	e			D.C	Ger	neral spital
	AND	-	.C.	136. COUN	1TY		Y OR TOWN		13d INSIDE CITY YES X		3e. STREET 4635			0 1	er .		-
	AD. 3.		ATHER'S NAME			IWES		0	IS MOTHER	'S MAIDEN			reet.		<u> </u>	20019	777
	TON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF AND 3 TO ITEM 18, GINE PAGES 1, 2, AND 3 TO ILONG WITH FORM PM 3. RETAIN PA IONG WITH FORM PM 2. SHOULD BE! GIENE, DIVISION OF WITA! RECORDS.		Fred		WIDDLE	Ru	iffin		FIRS	essie		MIDD)LE	W	alke	r LAST	111
	IMO PAG ORA ONO ONO	160	WAS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURIT		17 INFORMA	ANT		THE P	ADDRESS				et, SE
	BALTI S AFT GIVE TITH F PAGE IVISIO		No				-56-33	+4	Russe	211 M.	Hall			Was	hing	ton.	D.C.
	51., 18. OUR. 3 WIT. MIT.		18 CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE	ly ane cause per D BY:	line far (a), (b)rand (c).)		1	, ,		1			T A	PPROXIMATI	T AND DEATH
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	WITHIR FENCIL II MINER TRANS TRANS	4		ta immediate			NSEQUENCE (OF.							+		
	2 25		lying caus	e last.	(c)_												
	DIVISION OF VITAL RECOIDS AS CERTIFICATE SHOUD BETTER WORD FOUND ENTER THE WORD FOUND FOUND TO THE CHIEF TO SEE SHOULD BE USED FOUND BE USED FOUND BE USED FOUND BE USED FOUND		PART 2 DTHER SIGN	NIFICANT CONDITIONS		ATH BUT NOT RE	ATED TO THE TERM	INAL DISEASE	DR CONDITION (GIVEN IN PART)) igi,						
	3 20055	NO.															
	AL HE	S.	19a. DATE OF C	DPERATION	196 CON	NDITION FOR	WHICH OPER	ATION W	AS PERFORM	NED?					20 A	AUTOPSY?	-
	VITA SHO VORD VORD NI OHE BE USI	CERTIFICATION	2) a EXTERNAL	CALISENAC	216 THAT	OF INJURY		Tay us						nu		YES 🔀	NO 🗆
	CERTIFICATE TING THE W SED TO THE 3 SHOULD E DEPARTMEN 1 PRIOR TO E			OR G CAUSE OF		A.M. MONTH	H DAY YEAR	71c HC)W INJURY C	OCCURRED	(ENTER NATU	RE OF INJURY	Y IN ITEM 18 P	ART 1 OR P	ART 2)		
	SHO TO TO SHOPAR	MEDICAL	21d INJURY OF		2)e PLAC	P.M. CE OF INJUR	Y (AT HOME.	211 LOC	ATION								
	DIV RITIN REDE GE 3 201 F	N N	WHILE AT WORK	NOT WHILE	STREET,	FACTORY, FARM,	ETC.)	ST	TREET		CIT	Y OR TOWN		C	OUNTY		STATE
	INER: THIS CERTIFICATE SHOUD ICATE, WRITING THE WORD E FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE USE ITHE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURIAL,					1 2 1 4		Autaps	V	[7				
- 12	ANICA SANICA		death resulted	that I taak charg	ral causes	Accident		cide .	y K OLJ, Hamicid	Inspection L	Undetermi	nquiry L		d in my a	pinian		
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	AL MALE	1/	ACTUAL SIGNATURE	Mis	200	1		M.I	,	stant	_MEDICAL	LEXAMIN	IER	DATE	ED 4-	18-8	6
	A STEET	1	EXAMINER'S	IAME 7mm	M Divor	o M D											
	TO MEDICAL EXAMINER: THE ERITHICATE, TO PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STAND, 2 PATTER DEA	22.0	(TYPE OR PRIN	7)	M. Dixor			-	10011233	11 Pen			ilto.	, MD	212	UL.	
	11/5	730.8	Bur	ON, REMOVAL			NAME OF CEA				23d. LOCAT			COL	UNTY		ATE
07 25		24. F	UNERAL DIRECT	OP.	4/25/86		alhalia		etery	APR	St. I	ouls	JA JEGIS	RAR'S	SIGNA	sour:	1
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STATE OF MARYLAND

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STATE OF MARYLAND 00-03559 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) April 3, 1986 JACKSON Beatrice Palma 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH Female White 1907 27. June YRS TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick County. Maryland WIDOWEDXX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Frederick Memorial Hospital INDUSTRY Frederick Homemaker Home USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COMINTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Marulano Frederick 400 N. 21701 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Malin Elizabeth Ernest Bach ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR LINKNOWN I (IF YES GIVE WAR OR DATES) Robert Malin Jackson, Frederick, Md. 21701 227-76-3587 18 CAUSE OF DEATH (Enter only one cause per line to), (b), and (c).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAGE 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive on above, (I) (we) (did) (did not view the body after death. , and that in (my) (our) opinian death accurred an the date and have and from the couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

4/5/86 Smith, Reeney and Basford 106 East Church St., Frederick, Md. 21701

23b DATE

230 BURIAL CREMATION, REMOVAL

Burial

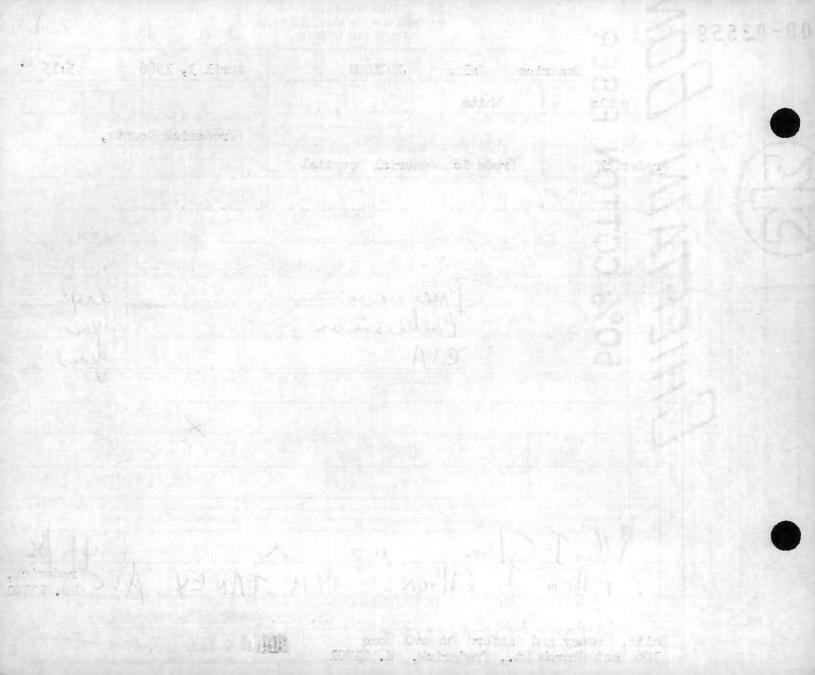
230 NAME OF CEMETERY OR CREMATORY Zoar Baptist Ch. Cem.

DEGREE

PHYSICIAN

DIRECTOR PHYSICIAN

22c DATE/SIGNED



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MASSINE PULLMANAKY CONDUMY EVISSING HTWOM I THROUGHT LYDIA BY SENG TOTAL STATE THOUGHT DESCRIPT CONTRACT CHIEF × vertical total test to a substant of the test to 3/14 25 9/25 25 MD - 14/26/26 Strike I Brand no 27 W. The St. Frederick Mile The day of the second second second second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN DAY MONTH (TYPE OR PRINT) OF ESTI-LANCE CONSTANCE KELLER 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 3. SEX DATE ST BIRTHDAY) PRONOUNCED 26 1986 Male Caucasian DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Mary Land U.S.A. Frederick Co. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Green Valley Road FOR MOST OF WORKING LIFE)
Bricklayer Frederick Construction USUAL RESIDENCE (IF IN HUME Taney town Maryland 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS COUNTY 5001 Feeser Road West/21787 Carroll 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Walter Keller Sydney Joseph Weaver 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 5001REFeeser Rd. West (IF YES, GIVE WAR OR GATES) 219-98-4179 Walter J. Keller Taneytown, MD 21787 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause pet one for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A B CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES EXECUTE THE EATH CATE, WRITING THE WORK PAGE 4 SHOULD BE PORWARDED TO THE CH TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE U ATTER DEATH WHEN THE STATE DEPARTMENT O BALTIMORE, MARKET DE JUZIO PRIORE TO BUR NO X HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME To Doude FACTORY, FARM, ETC.) green valler AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an and in my apinian Accident X Hamicide Undetermined manner TITLE (SPECIFY) 4127186 M.D. Deputy MEDICAL EXAMINER 812 Toll House Ave. Robert J. Thomas, M.D. EXAMINER'S NAME Frederick, Md. 21701 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 04/29/86 Trinity Lutheran Cem. Taneytown, Carroll, Maryland Burial BP 250. DATE REC'D. BY REGISTRAR 1350. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 136 E. Baltimore St. **DHMH - 17** 21787 Skiles Funeral Home Taneytown, MD (VR A15 ME (5)) 20M 4/82

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0 -	048054	1	FOR STATE REGISTRAR		DEPART	CERTIFICA			ENE 8 6	10.	3	15
			CEASED NAME FIRS	T	MIDDLE	LAST			20. DATE OF DEATH	MONTH DA		26 HOUR
	may be . page 3 ter death	1,110	All	ce	main	Ke	enney	1		4 2	3 86	le PM
	moy er d	3. SE		4 RACE		5. DATE OF B	IRTH #	0.01	6 AGE (IN YEARS LAST BE	RTHDAY) I		IF UNDER 24 HRS
	ector.		Female	W	hite	MONTH 10	DAY	1891		944RS M	ONTHS DATS	HOURS MIN.
4	Pour Pour	7a. B	IRTHPLACE (STATE OR FOREIGH	76 CITIZE	N OF WHAT COUNTRY	MARRIED [NEVER A	AARRIED -	BALTIMORE CITY	OR COUNTY	OF DEATH	
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	with with	10. 0	ITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL, NURSI	NG HOME OR C	THER INST	ITUTION	12a USUAL OCCUPAT			BUSINESSOR
201	by the	1	Uderick	no	Maniter	Man	or.		Switchbo	ardOp	Ret	tired
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	hood The			DUNTY	13c. CITY OR TO	VN 113c	INSIDE CI		13e.STREET ADDRESS	/ ZIP CODE		
AN	20 1172			arroll	l New Win		ES 🗌		Rt 2 Box	70	21776	
RYL	within	411	ATHER'S NAME FIRST	MIDDLE	LAST	15.		MAIDEN NAM	MIDDLE MIDDLE		1457	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DEFCASED NAME TREST TABLE TABLE		1			STATE OF MARYLAND			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

- STATE

250. DATE REC'D BY REGISTRAR 258, REGISTRAR'S SIGNATURE APR 18 1986

230. BURIAL, CREMATION, REMOVAL 23b. DATE 4/16/86 24 FUNERAL DIFFUSION Wheeler Funeral Home, Inc.

1331 Rockville Pike, Rockville, Maryland 20852

23c. NAME OF CEMETERY OR CREMATORY Potomac Methodist Church Cemetery

Potomac. Md.

22c. DATE SIGNED

12b. KIND OF BUSINESS OR Home

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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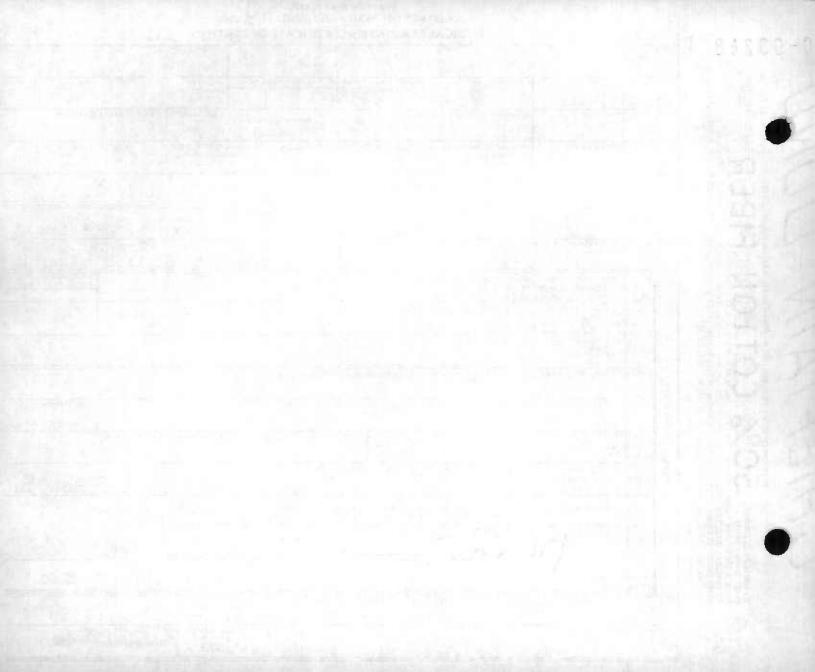
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	á	E. THIS CERTIFICATE SHOULD BE EXECUTED. E. WRITING THE WORD "PENDING" IN PROPERTY OF THE CHIEF MEDICAL EXAPAGES SHOULD BE USED AS A BURIAL STATE DEPARTMENT OF HEALTH AND MEDICAL COPPAGES.	2	2	AT WORK	NOT WHILE	Ř	STREET, FACT	ory, farm, e ailer			724 G1	adhil	1 Pr	city or to		ים ו	COUNTY	rick	MD
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		TO MEDICAL EXAMINER EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNEAL DIRECTOR AFRER DEATH WITH THE RAITMORE MADVIANT	1	23a BI		TION, REMOVAL	Th DATE		T22- 1	NAME OF CEM)PV	1234 10	CATION					
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REC	, NO.		
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. SEX	FEMALE		4 RACE	1176	5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
(RTHPLACE (STATE OR F COUNTRY) Ennsylvani		76. CITIZEN OF	·A •	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT	Y <u>OR</u> COUNT erick (MD.
	TY OR TOWN OF DEA cederick	(TH		HOSPITAL, NURSING		PROTHER INSTITUTION Hospital	12a USUAL OCCUP (TYPE OF WORK FOR MC	ATION DIST OF WORKING I	12b. KIND O INDUSTRY HO	F BUSINESS OR
3a. S	AL RESIDENCE (IF NURS TATE Cyland	13h COUNTED	OTHERINSTITUTION NTY erick	GIVE RESIDENCE BEFORE	٧.	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	ss / zip.cor ambri IJ	Koad 2	1701
FA	THER'S NAME FIRST HOWAR	d	WIDDLE	Lasher		IS MOTHER'S MAIDEN NA		ε	Hani	on
	VAS DECEASED EVER		MED FORCES? (E WAR OR DATES)	166. SOCIAL SECUI 405-94-65		17 INFORMANTYvonn Frede	e Niles 1º rick, Md.		mbrill	Road
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PARTY OTHER SIGN 19a DATY OF OPERAL 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT 21d. INJURY OCCURE WHILE NOT WHEN	which nediote g the lost	DBY: TE CAUSE (0) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO AV 196. COVID 196. COVID 196. COVID 197. TIME CO HOUR A. 198. P. 216. PLACE	R AS A CONSEQUE ONTRIBUTING TO D FUNCTION MON FOR WHICH OF ME INJURY M. MONTH DA M.	NCE OF NCE OF DEATH BUT OPERATIO Y YEAR 19	NOT RELATED TO THE TERM Was performed 214 HOW INJURY OCCURI	200 AUTOPS YES NOS	20b. IF YE IN CERT!	IVEN IN PART IN SECOND IN PART IN SECOND IN PART IN SECOND IN SECO	corling.
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2n D	LIDIAL CREMATION	DEMOVAL	Task DATE	I 22, N	AAAE OE C	EMETERY OR CREMATORY	224 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

(SPECIFY) Buria1 4-28-86

St. Patrick Cemetery Aflegheny, Blair, Pa.

106 Hast Church St., Frederick, Mad. 21701

APR 28 1988 Suite Suit Julie Davidson Andre

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STATE OF MARYLAND Film G615 item 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00 - 05176MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20. DATE KNOWNY MONTH DAY (TYPE OR PRINT) OF ESTI- 4-27-86 STEVEN TONY FWIS S DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 1959 DEAD 5:41P MALE WHITE 08 11 26 4-27-86 19 7b. CITIZEN OF WHAT COUNTRYS TO BIRTHPLACE (STATE OR markied | Never Markied | 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) DIVORCED XX Frederick County PA USA WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION BUILDING Smithsburg 14408 Ridenour Rd. BE BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS ATION, OR REMOVAL. FREDERICK 13d INSIDE CITY LIMITS? 13e STREET ADDRESS THURMONT 13035-A Brice Rd., Thurmont, MD NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MORRIS LEWIS VALETTA ROBERTSON 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-72-4805 148 Water St., Thurmont, MD Valetta Lewis CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION AKR: THIS CA.
ICATE, WRITING Th.
F. FORWARDED TO THE C.
TR: PAGE 3 SHOULD BE USED.
TR: PAGE 3 SHOULD BE USED.
TR: PAGE 9 SHOULD B 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES T 21a EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR self/in flicted CONTRIBUTING CAUSE OF DEAT 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STIP BALTIMORE, MARYLAND, 2 Autapsy X 220. I certify that I took charge of the remains described obave, held on Inspection Undetermined manner DATE4-28-86 SIGNATURE 111 Penn Street EXAMINER'S NAME margarita A. Korell, M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Frederick BURIAL Frederick MD 4/30/86 Resthaven Mem. Gardens 07/84 BP 24 FUNERAL DIRECTOR G. Douglas Stauffer 25M 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE. wa Devidson Jondese. **DHMH - 17** 104 Main St., Thurmont. MD 21788 (VR A15 ME (5))

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1.7	REGISTRAR			CERTIF	ICATE OF DEATH	O C	G. NO.	1 .		
		CEASED NAME FIRST		MIDDLE	Ĺ	AST	20 DATE OF DEA	TH MONTH E	DAY YEAR	26 HOUR	
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	3 SEX	4	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS L		IF UNDER I YEA		15 N.
		Male	Whit		Oct	28 1900	85	YRS			
C	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED		ITY OR COUNTY			
1		Maryland	U.S.		WIDOWE	DIVORCED		erick C		,	MD.
4		rederick		HOSPITAL, NURSING HEACILITY GIVE STREET A PICK MEN		or other institution ospital	120 USUAL OCCU	MOST OF WORKING LIFE	E) INPULL	of Business of ail)R
-		AL RESIDENCE HE NURSING HOME OF				A TALL IN CODE CITY I IN LITER	4		12 47 17	7010	
0			erick	Freder		13d. INSIDE CITY LIMITS? YES NO	226 S.	Market	St.	21701	
,		THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NA					_
1		Charles	F.	Main		Mary				fner	
/			MED FORCES?	166 SOCIAL SECUE	RITY NO.	Mr. Paul 1	H. Main	IO514	Doro	us Ros	ad
		No		214-10-	44125	Woodsboro,	Marylai	nd 2179	0		_
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per D BY	line for (o), (b), and	IC'	+	1 4.		BETWEE	NONSET AND DEAT	+
		IMMEDIA	TE CAUSE (0)	audi	reve	re introcra	may run	La Marco	men	4-20	dy
			DUE TO, O	R AS A CONSEQUE	NCE OF		with	12-1-1	3		1
		Conditions, if any, which gove rise to immediate	(b)								_
		couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUE	NCE OF				9-20		
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	FATH RUT	NOT RELATED TO THE TERM	IN AL DISEASE OR	CONDITION GIV	EN IN PART	lio	=
	Z	Kish &	P A	white	271111	· nobelle	asni	elm.	m en	marin	
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	20b. IP YES	, WERE FINE	INGS USED	
_	RTIFI						YES NO	YES	S 🔲	NO 🗌	
0	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE C	OF INJURY IN ITEM TO PA	ART I OR PART ?		
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.,		19						
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE	OF INJURY EET, FACTORY OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	
		AT WORK				10		17 -	0/		
	. 19	27a. I certify that (I) (this hasp sow the deceased alive on			6	nd that in (my) (our) opinion of	to 4	the data and have	19_ 6	, that (I) (we) h	ost
		obove, (I) (we) (did) (did no 27b. SIGNATURE				DEGREE	seoin occurred on	The dote ond hour		E SIGNED	_
	-0.	M	mi	7		ATTENDING	MEDICAL	STAFF	ZZ. DA	E SIGNED	
1		220 PHYSICIAN SNAME (TYPE	OR PRINT)	un		PHYSICIAN 22e ADDRESS	DIRECTOR P	HYSICIAN .	1		
		Rexk	Man 7	IN		2-20 Nm	rkit (red.	nek	mel 2	170
		URIAL, CREMATION, REMISSECIEY)	fib. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	51.15	_
	2	Burial ()	Appro18	.1986 M	t.01	ivet Cemebe	ry Fred	erick F	rede	rick M	d.
14		nith Keeney	Con Conc	P A ADDREM'U		25g. DATE	E REC'D. BY REGIS	TRAR 256. REGISTE	RAR'S SIGNA	ATURE	
	i	06 E. Church	St. F	rederic	k. M	d. 21700PR	2 / 4000	Alia Tous	K whi	and in	

DHMH - 16 60M 7/B4 (VRA 15, 4)

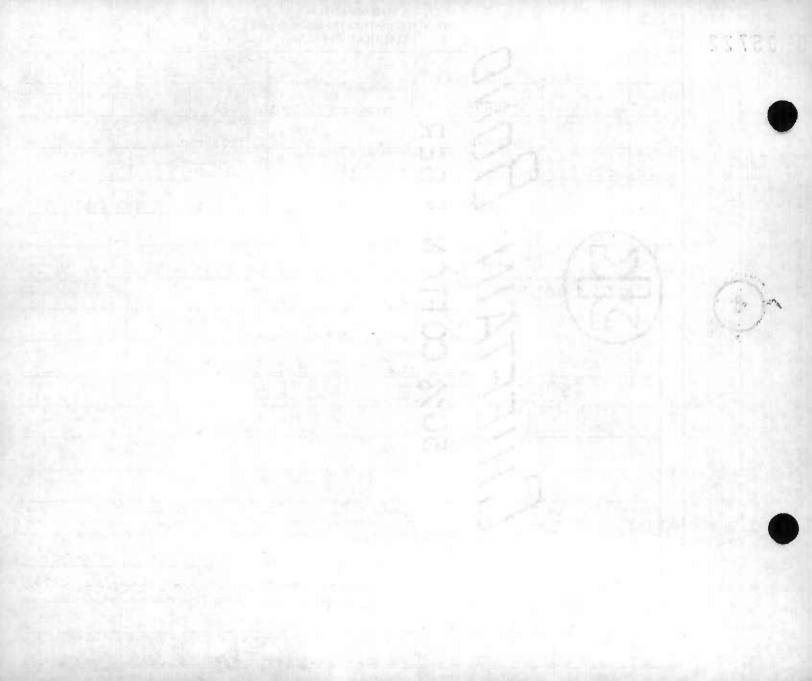
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DAY 2h HOUR DECEASED NAME TYPE OR PRINT! Robert M. Massie IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 1 SEX MONTH Male White November 24, 1901 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED WEVER MARRIED COUNTRY Scotland WIDOWED DIVORCED Unknown Frederick 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY LTYPE OF WORK FOR MOST OF WORKING LIFE! Unknown UNknown Frederick Memorial Hospital Frederick SUAL RESIDENCE (IF NURSING 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3a. STATE Hvattsville 2600 Queens Chapel Road 20782 Md. 15. MOTHER'S MAIDEN NAME FATHER'S NAME McClean Thomas Massie Jemima 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT IYES, NO OR UNKNOWN) LIFYES GIVE WAR OR DATES) Unknown Meridan Nursing Home 400 North AVe. Fred., Md 577-03-2991 18 CAUSE OF DEATH (Enter only one cause per line far to), (b), and (c) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a), stating the DUF TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A,M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Illul certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an abave, (1) (worldb) (did not) view the bady after death. and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED 226. SIGNAFURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) OTTO mansver, marzens 21770 Another G. manters. M. D 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) 4-28-86 Removal 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE -24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Lie Namber 304 (VRA 15, 4) Anatomy Board

STATE OF MARYLAND



1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	2		1	116	0	1
1	REG. NO.	1	-1	3	O	8
	REG. NO.					_

-	REGISTRAR			REG. NO.	
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Г	Elis	zabeth Jane	McCOY	April 11	, 1986 7:00 PM
3	5EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	Jan. 23, 1927	59 YRS	MONTHS: DATS HOURS MIN.
1	BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	Maryland	U.S.A.	WIDOWED DIVORCED	Frederick Cou	nty, MD.
1	Frederick	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: 15 West Fi	JRSING HOME OR OTHER INSTITUTION STREET ADDRESS) fth Street	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET	126. KIND OF BUSINESS OR INDUSTRY Home
64 T	3a STATE 13b C	ME OR OTHER INSTITUTION GIVE RESIDENCE OUNTY 130. CITY OR Fred	erick 13d. INSIDE CITY LIMITS	15 West Fifth	Street/21701
1	Thomas		ing, Sr. Emma	Virginia	Dixon
L	WAS DECEASED EVER IN U.S	S CIVE WAR OR DATES!	SECURITY NO. 17 INFORMANT 0-3777 Mrs. Mae E.	7901 Rocky S Shafer, Frederic	prings Road k, Md. 21701
	PART I. DE ATH WAS CA		udlas as	101	BETWEEN ONSET AND DEATH
ı	IMME	DIATE CAUSE (a)	10111		1000
Т	Conditions 16 mm bis	DUE TO, OR AS A CONS	EOUENCE OF		570
1	Canditions, if any, which	e			1 11
П	cause (a), stating the underlying cause las		SEOUENCE OF		
L	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 11a
7	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
1					IFYING CAUSES OF DEATH?
1	71a. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
	OR CONTRIBUTION CAUSE		19		
П	(IF EITHER NOTIFY MEDICAL EXA	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.)	CITY ON TOWN	SIMIL
Т		haspital) attended the deceased for	rom	to	, 19 that (ii (we) lost
ı	saw the deceased aliv	e on	. and that in (my) (our) opin	nan deoth occurred an the date and ha	our and from the james plated
ı	276 SIGNATURE	id not view the body after death	DEGREE		731. DAYE SIGNED
ı	Att	U/1/10)	ATTENDIN	MEDICAL STAFF	14/14 X
1	774 PHINTERS NAME (TYPE OR PRINT)	27e ADDRESS	T D DIRECTOR THIS ICENT	110
1	Timothy F.	Hickey, M.D.	Parkview M	Medical Center, Fr	ederick, Md.
2	30 BURIAL, CREMATION, REMO	OVAL 23b. DATE	231 NAME OF CEMETERY OR CREMATO		
	Remoral,	pApr.12,1986	Anatomy Board	Baltimore Cit	y., Maryland
2	FUNERAL DEL	Keeney & Basto		DATE REC'D. BY REGISTRAR 256, REGIS	
1		h Street, Freder		APR 2.2 1986	Davidson-Randelle
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DHMH - 16 60M 7/84 (VRA 15, 4)

April 11, 1966 7:00 12. 23, 1977 1 89 y im of lottester. eson less prince of the same o north sintuit and or julies based about Seld 1 (19-20-37/7 att. re t. 1915) Tresimites, 16. 21701

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•	er deam Toge 4 may be	mitter 72 min after death
SIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the deoth certificate be executed within 24 hours af	he attending physician and completely filled in by the emove carbon popers. Pages 1 and 2 shauld be filed smation, or removol.
DIVISION OF VITAL RECORDS, 201 W.	10 HOSPITAL OR ATTENDING PHYSICIAN, the fam requires that the death certificate be executed within 24 hours offer death, roger 4 may be returned by the floring of executed physician.	10 Full LAX DEECTOR. After this world, the sean signed by the attending physician and completely filled in by the contract of the season of th

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.				

	1 DEC	CE ACED ALANIE		MIDOLE	1.0	SI	Ta DATE OF DEATH		VE a D	In House	
i		OR PRINT) ROBER	T ED	LSON		GOMERY	APRIL 8,		YEAR	12:30	P. M
н	3. SEX	(4 RACE		S. DATE O		6 AGE (IN YEARS LAST BI	RTHOAY) IF (UNDER I YEAR	IF UNDER 2	
	M	ale	Caucas	sian	Ju.	ly 9, 1901	84	YRS.	DATE	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIEG	NEVER MARRIED	9. BALTIMORE CITY		FDEATH		
Z		Ohio	U.S.A		WIDOWE	DIVORCED [Frederic	-			MD.
0	1	rederick	LIE NOT IN SU	HOSPITAL, NURSING CHEACHLITY, GIVE STREET A 01d Rec	DDRESS)	ROTHER INSTITUTION Road	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Machinist	OF WORKING LIFE)	Corpo: Corpo: Frocer	ratio	n
5	13a S	AL RESIDENCE (IF NURSING HOME) TATE Aryland Fre		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Frederic	N. 1	13d INSIDE CITY LIMITS?	7701-ADDRESS			,	
	14 FA	George	widdle M	lontgomery		IS MOTHER'S MAIDEN NA Ella	ME MIOOLE	Mc	organ	1	
7		10,110 011 011110 1111	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	Richard S. M	ADDR Jont Corrors	01-A QI	d Rec	ејуеј	Rd.
	TION	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	II CONDITIONS <u>C</u>	OR AS A CONSEQUE	NCE OF						
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFYIN YES [H?
	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMPLE ☐ AT WORK ☐ AT W	DEATH HOUR A INER) P 21e PLACE (AT HOME S1	.M. MONTH DA ,M. OF INJURY REET, FACTORY, OFFICE FA the deceosed from 15	19 ARALEICE	214 HOW INJURY OCCURING 214 LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING X BHYSICIAN X), to City OR TO) 19 late and hour ar	SC COUNTY	that (I) (we causes stat	ted
		toward and an arrangement	M.D.	433		22e ADDRESS	led. Center	Freder			
-	23a. B	URIAL, CREMATION, REMOV		23c. N	AME OF CE	METERY OR CREMATORY	23d LOCATION	rieder	, ICR,	rid . Z	

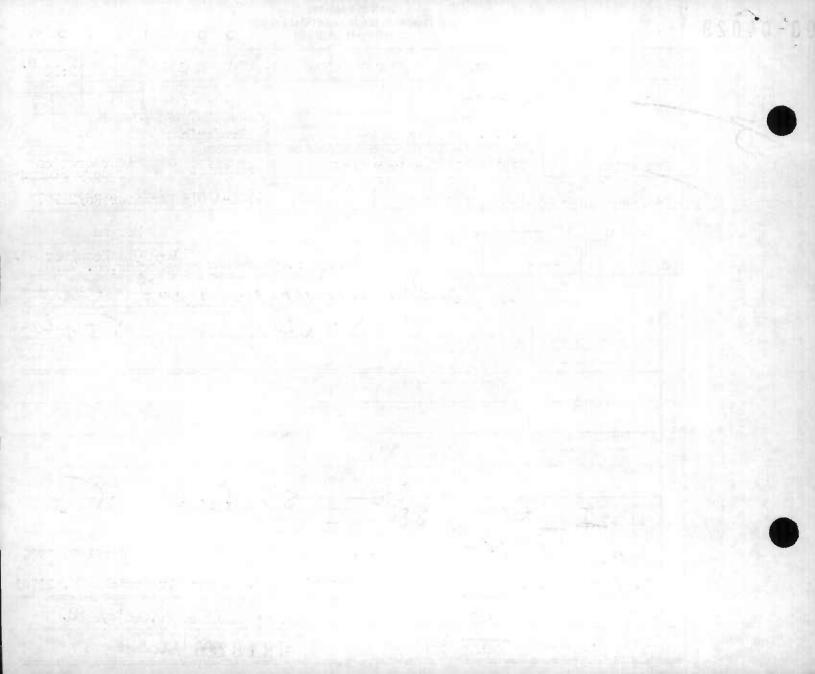
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, W

Burial 4/12/86 Richard A. Coleman --Upper Marlboro, Funeral Home Maryland 20772

Fort Lincoln Cemetery Brentwood (Pr.Geo's)

GISTRAR 250, REGISTRAR'S SIGNATURE



00-04953	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIENE	86	11585
loy be death		CEASED NAME FIRST MI		Morrow	W April	MONTH DAY	25. HOUR 1:40
oge 4 mo irector, po urs ofter	3 SE	- Female Female	Caucasian While	5. DATE OF BIRTH 12/1	XXX 90	YRS.	DAYS HOURS MIN.
Parent P		IRTHPLACE (STATE OR FOREIGN COUNTRY) Nebraska	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MAI	RCED Frederick		MD.
S offer d	V	ed. Mc.	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET MERILIAN HOSS	ADDRESS) 400	N. ATC (TYPE OF WORK FOR MOST		KIND OF BUSINESS OR USTRY
24 hour	.13a.	arvland Fred	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV erick Frederic	E ADMISSION) /N 136. INSIDE CITY		/ ZIP CODE	21701
MARYLA ed within	14. F.	ATHER'S NAME Charles Charles	MIDDLE Joseph LAST ZE	1. IS. MOTHER'S M	JOSEPHINE MIDDLE		Kucera
e execution on on ordinate in ordinate in medical		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) 1 # YES. GI	WE MAD ON DATEST		ADDR elen G. Zajicek		ney Avenue lck, Md. 2170
# ST., BALT certificate b ng physicio bonpapers. removol.		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), a				APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH
W. PRESTON The death of By the attendin Sse remove corb I, cremation, or other traumatic	N	Conditions, if any, which gove rise to immediate cause (a), stating the	(b) DUE TO, OR AS A CONSEQUENT OF THE CO				
uires that uires that signed by en please a burial, cr	7	underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)) THE TERMINAL DISEASE OR CON	IDITION GIVEN IN F	PART Iro
it RECORE	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	YES NON€	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED CAUSES OF DEATH?
ICIAN: The g physicing physicing certificate circl from situal transition than 18 shall be seen 18 shall be sha		21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D	AY YEAR	RY OCCURRED (ENTER NATURE OF INJU	IRY IN ITEM TE PART TORT	PART 2)
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TTEND pitol o pritol o for use of Heal		sow the deceased alive or above, (I) (we) (did) (did n	ntol) attended the deceased from 19_0t) view the body after death.		or) opinian death occurred an the d		
TAL OR A by the hosy the hosy detoched detoched tote Dept		226. SIGNATURE	tone	PULD PH	ENDING MEDICAL STA	FF	DATE SIGNED
TO HOSPITAL OF retained by the TO FUNERAL DIS should be detected with the State De IMPORTANT: If IMPORTANT: IMPORTAN		1/0 WVGS	B STUM	B 120 ADDRESS	at 3 nd st F.	redermi	SMO
BP		BURIAL, CREMATION, REMOVA (SPECIFY)	4/28/86 Wis		al Park Milwauke		
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	した情報をしている	ADDRESS	Market St. rederick, Md.	APR 28 1986		SIGNATURE PONDERS

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STATE OF MARYLAND

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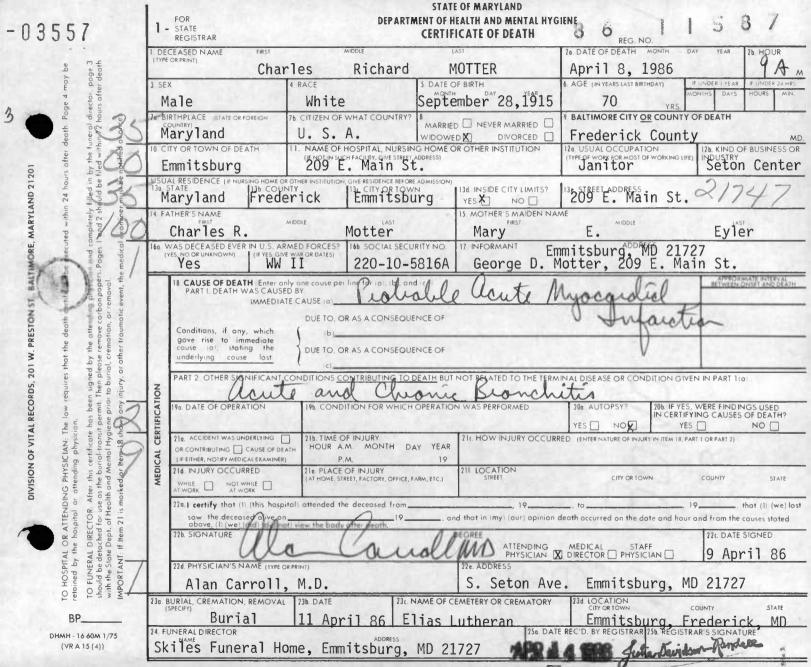
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g.	# NEW 17	14. F.	ATHER'S NAME							IS. MOTHE	R'S MAID							12 E/
RE, A	EST /		GEORGE		A.	F	CKEN	RODE		LEO	NA		MAE	AIDDLE	(GREEN	LAST	
WO	NO NO NO	160.	WAS DECEASED			RCES?		CIAL SECURITY	NO.	17. INFORA	TAAN			ADDRE				MD
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	JB. O. WIT. P. III. P. III. P. III.		18 CAUSE OF	DEATH (Enter	anly one c	ause per line	far (a), (b), and (c).)										TE INTERVAL
N S	24 HOU TEM 1 ONG PERMI SIENE, VAL.		T ANTI DEA	IMMED	IATE CAU	SE (a) Gur	shot	wound	of	head		100	40					
ESTO						DUE TO, OR	AS A CON	ISEQUENCE C)F									
2	MITHIN VCIL IN INER A RANSIT TAL HY		gave rise	, if any, which to immedia	ite)	(b)												
<u>×</u>	O E I A E I		cause (a) s lying cause	tating the <u>under</u>	er-	DUE TO, OR	AS A CON	ISEQUENCE C)F									
5, 20	XECUTE VG" IN VAL EX-					(c)												
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	m== AIS	Z	PART 2 OTHER SIGN	IIFICANT CONDITIO	NS <u>CONTRIRU</u>	TING TO DEATH E	OUT NOT RELA	TEO TO THE TERMI	NAL OISE	ISE OR CONDITIO	N GIVEN IN PA	RT I (a),		U.				
REC	PEND BE	ATA	190 DATE OF C	PERATION		19b. CONDIT	ION FOR	WHICH OPERA	ATION	WAS PERFOR	MED?	1				720	AUTOPSY	(?
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10F	S CRTIFICATE SHOULD RITING THE WORD "PE RDED TO THE CHIEF N E 3 SHOULD BE USED A E DEPARTMENT OF HER OI PRIOR TO BURIAL, O		210 EXTERNAL UNDERLYING CONTRIBUTING		6	FOLIPM M	INJURY	86Y YEAR	21c.I	low injury	Shot	D (ENTER)	NATURE OF IN	JURY IN ITEM I	18 PART I O	R PART 2)		
oi oi	SHOOT STATE	MEDICAL	21d. INJURY O		F DEATH	P.M.	E INTILIDA	19										
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	ATE, VORW, ORW, PARE, VO, 214			that I taak cha	arge of the	remains desc	ribed aba	ive, held an	Auta	psy X,	Inspectia	n .	Inquiry		and in my	y apinian		
	MAN CTA TA TA TA TA		death resulted	fram: Na	itural cause	es .	Accident	, Suit	cide _	, Hamic	ide X.	Undete	ermined mo	anner 🔲	,			
	DIRE WIT			11/		-	1.0	K. 00		TITLE (S	PECIFY)							
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	NE SI		EXAMINER'S N	AME Man		+ ~ ^ I	Varal	1,M.D.			111 P	ann C	tree	+				
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BAKTIMORE, MARYLAND, 2	02.5	TYPE OR PRIN	7						_ADDRESS_				•				
		61	URIAL, CREMATI SPECIFY) URIAL	ON, REMOVAL	5/1/			· Bethe			-	23d. LO	CATION ORTOWN XVill	0 1		COUNTY		TATE
07/B4 25M	BP		UNERAL DIRECT	OR G. De				. bethe	1 0							erick 's signat	MD	
	DHMH - 17 (VR A15 ME (5))	10	4 E. Mai	n St.	Thur	ADDRESS Mont.	MD	21701		Maria I	DATE:	ROC	1000	1. C.	· K	MANOICE	Band	9.3
	(AUDIO ME (A))			,		,,,,,						10) ISOE		- 61	10000	Laston	

DHMH - 16 60M 7/B4 (VRA 15, 4)

00-04252

STATE OF MARYLAND

I	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
ı	REGISTRAR		CERTIF	ICATE OF DEATH	O REON	D. 1		0 0 7		
I	I. DECEASED NAME FIRST	VOR OR BRILLIA			18A	20. DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR	
١	ODELL Chri	stopher	Wayne	0	'DELL	1	br1 17) rc	5 05/1	
Ī	3 SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS	
ĺ	MALE	White		4	17 86		YRS.	JININS DATS	HOURS MIN.	
ł	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	-	9 BALTIMORE CITY O		OF DEATH		
4	Maryland	U.S.A		MARRIE		Frederi	ck Cou	nty,	MD.	
1	10. CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR	
1	Frederick		FACILITY GIVE STREET A		Hospital	Child	F WORKING LIFE)	INDUSTRY	None	
-	USUAL RESIDENCE (IF NURSING HOME 130 STATE 130 CO	UNTY Cholas	13c. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS?	General		W/1/26	688	
-8	I FATHER'S NAME	CHOLAS	Italic		15 MOTHER'S MAIDEN NA		DETTAC	13/ 20	000	
1	Dana	MIDDLE	O'del	1	Linda	WIDDLE		Bos	+40	
1	I 60 WAS DECEASED EVER IN U.S. A	Ray	16b SOCIAL SECUR		17 INFORMANT	Kay	SS	26688		
1	(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)								
ŀ		None	None Roy O'dell,			General Der		W.Va.		
I	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	anly one cause per l SED BY:	ine for (a), (b), and	(C	T 1.			BETWEEN	IMATE INTERVAL ONSET AND DEATH	
ı	IMMEDIATE CAUSE (a)									
ı		1								
ł	Conditions, if any, which (b)(b)									
1	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying cause last.									
ı	(c)									
I	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 a									
4	19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	MONITOR WINGS	20524710	NI WAS BEREADONED	20a AUTOPSY?	Inn IF VEC	WEDE EINIDIA	1000000		
4	190. DATE OF OPERATION	196 CONDII	ION FOR WHICH O	DPERATIO	N WAS PERFORMED	IN CERTIF		YING CAUSES OF DEATH?		
4	E	21g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY				RRED (ENTER NATURE OF INJURY IN ITEM 18 PA				
1	OR CONTRIBUTION OF CALLER OF C			Y YEAR	716. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	R1 I OR PART 2)		
ı	(IF EITHER NOTIFY MEDICAL EXAMIN	NER) P.A		19						
١	21d. INJURY OCCURRED	21e, PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE	
ı	AT WORK AT WORK									
ı	22a certify that (I) (this hospital) attended the deceased from									
1	saw the deceased alive a above, (1) (we) (did) (did)	00	ofter death.		nd that in (my) (aur) opinion	death accurred an the de	ote and hour o	and from the	causes stated	
ı	22b. SIGNATURE	1		41	DEGREE			22c. DATE	SIGNED	
J	05 8	120			ATTENDING PHYSICIAN [MEDICAL STAI		4/1	7/41	
1	220. PHYSICIAN'S NAME (TYPE	E OR PRIMITY			22e. ADDRESS	1 h.				
	Chaples	Eh	-RIGHT		Trail	end, ind	/			
T	23a BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE	
	Burial	April 1	9,1986, St	ıgar	Grove Cemeter	y Runa.		holas	W.Va.	
	24 FUNERAL PARTIES SINTA	Keeney &	Basford	Fune	ral Home 25 A			AR'S SIGNAT		

The second and confidence And the facility . James strabert smill 15075 Sin form tone the later with the state of the st

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	1			STATE OF MA	RYLAND			
10-01222	1.	FOR STATE	D	EPARTMENT OF HEALTH A		£3 4-	1 1	: 9 0
10-04233		REGISTRAR		CERTIFICATE	OF DEATH	O REG. N		3 7 0
nay be page 3		CEASED NAME FIRST	in Robe	Peomo	₄ JR	20. DATE OF DEATH	MONTH DAY YEAR	10:20 AM
4 may or. pag ifter de	3. SE		4. RACE	5. DATE OF BIRTH	1	6. AGE (IN YEARS LAST BIR		
oge oge	1	raile	Caucasi		F- 32	53	YRS.	- 3
ol d		IRTHPLACE (STATE OR FOREIGN	16. CHTIZEN OF WHAT CO	MARRIED NE	VER MARRIED DIVORCED		ench (20 , MD.
(1) 10	DE	redencie	11. NAME OF HOSPITAL	NURSING HOME OR OTHER	ence	120 USUAL OCCUPATION OF WORK FOR MOST OF	DF WORKING LIFE) INDUSTRY	OF BUSINESS OR
1 1 2/	USU 1 a.	AL RESIDENCE (IF NURSING HOME OR STATE)	ITY . I IBLICATY	ORTOWN 13d INS	DE CITY LIMITS?	130. SHRSEE ADDRESS	- rancis Dr	21701
mpletely and 2 s	14 F	ATHER'S NAME	MIDDLE	Mroy 15 MOT	TERSTOCK NAME		tummeri	ast k
n and campi		VAS DECEASED EVER IN U.S. AR. yes, no or unknown) (IF yes, giv NO			PRMANT Peo	mry (wife	1 atollead	2000
es that the death certied by the attending please remove corban urial, cremation, or ren		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO	etastatic. MSEQUENCE OF	of Heri	Cand Nanc	ecky le	i months
The law require ricion. The has been sign ssit permit. Then giene prior to buy shows any injury,	TIFICATION	19a Date of Operation		WHICH OPERATION WAS P		20a AUTOPSY?	206. IF YES, WERE FINDE IN CERTIFYING CAUSE:	INGS USED
phys tiffico l-fro al Hy	AL CERTIFI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		ITH DAY YEAR	W INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
DING PHYSIC or attending After this cer e as the burio alth and Ment morked or ter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	21f. LOC	CATION	CITY OR TO	wn COUNTY	STATE
TTENDIN ortal ar TOR: Aft for use as of Health		22a. I certify that the (this hospit saw the deceased alive an	HPAI 4	_19_8 and that in	, 19 81S	to April	19 86 ate and hour and from the	that (we) last
DR A DIRECTOR OF THE MEMORY OF		226. SIGNATURE	view the body after deat	rgulle DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI	22c. DA 1	10/86
TO HOSPITAL (retained by the TO FUNERAL It should be detained in the State (IMPORTANT: If		SA CHARLET AND THE LIAME LAND	Grangiu	22e AD	75 2. GN	Md Cans	cer Center's	Md 2120
BP		BURIAL, CREMATION, REMOVAL BURIAL	23b DATE 4/14/86	RESTHAVEN ME	M.GARDENS	FREDERICK		
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR G. DOU 1 Opossumtown P			250 AP	2 1 1986	25L REGISTRAR'S SIGNA	TURE

MANAGER CO. C. 127 A Ser January Manager which is a substitute of the state of the st Vision All Andrews The state of the s parties and a second of the parties and a second of the parties and the partie Say 19 17 St. 16 1 St CHECKLE THE 2 TO SENSO WE SENSON TO PER AND STATE OF THE PARTY OF T

00-0422

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 6 REG. NO.	PAN	1	5	9	
DATE OF DEATH	ON THE D	AV VE	40 21	11011	

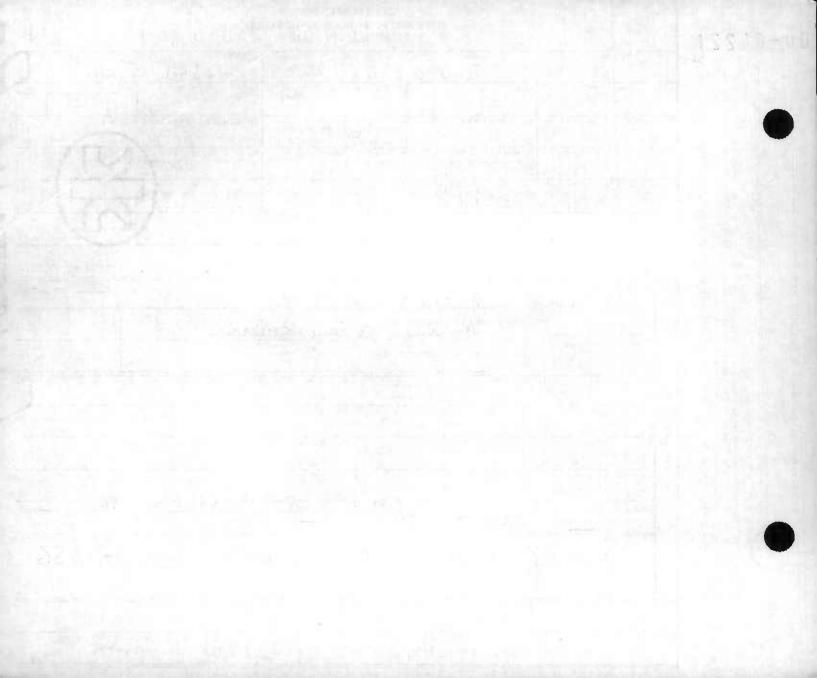
REGISTRAK			REG. NO.	
DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DA	YEAR 26 HOUR
SYLVAN	AUGUS	STUS PRIEBE	Ahril 15	1984
3. SEX	4 RACE	5. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	~°08 11 1910	75 YRS	DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN MDOUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O FREDERICK	F DEATH
FREDERICK	CTTIZENS NURSING	POPHOME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) FARMER	12b. KIND OF BUSINESS O INDUSTRY
) YES X NO	13e STREET ADDRESS / ZIP CODE 119 Main St., 217	798
AUGUST W.	PRIEBE	15. MOTHER'S MAIDEN NAM	MIDDLE	BROWN
	/E WAR OR DATES)		ADDRESS	
YES	213-12-12	274 NANCY SMITH	113 W. 3rd St.,	Frederick, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1 - /	gil artono-sal	Derosés INAL DISEASE OR CONDITION GIVEN	I IN PART 1:0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	13 cm	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFYI YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEA IF ETHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspi	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA 101) a strengted the declased from (1) view he body ofter death.	Y YEAR 19 211 LOCATION STREET 19 6 and that in (my) (my) opinion of DECREE ATTENDING	CITY OR TOWN CITY OR TOWN 10 AUGUST 199 Death accurred on the date and hour of the date an	COUNTY STATE
BURIAL, CREMATION, REMOVAL		ame of CEMETERY OR CREMATORY Sthaven Mem. Garder	23d. LOCATION CITYORTOWN Frederick Fred	COUNTY CK MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

G. Douglas Stautter 24 FUNERAL DIRECTOR 1621 Opossumtown Pike, Frederick, MD 21701

PR 2 1 1986



ORTANT # he

DHMH - 16 60M 7/B4 (VRA 15, 4)

00-0471

STATE	OF M	ARYLAND

63	1.	1	1	- 4	(3)	- 4
0	REG. NO.	1	2	3	1	4
	REG. NO.					

	1 -	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 3 REG. NO. 1 5 9 2									
		DECEASED NAME PIRST MIDDLE TYPE OR PRINT) HARRY ROBERT					RICE	20. DATE OF DEATH M	THE DAY	86	3 P M
١	3. SEX		4	RACE		5 DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTE	DER TYEAR	IF UNDER 24 HRS
1		Male			ite	Jul			7 YRS.		
	CC	(a BIRTHPLACE ISTATE OR FOREIGN TO COUNTRY) Maryland V.S.A.					MARRIED NEVER MARRIED BALTIMORE CITY OR COL				
1	F	Y OR TOWN OF DEA rederick		Frede	rick Memo	rial	HOME OR OTHER INSTITUTION DEESS 1 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO Brakeman			NDUSTRY	BUSINESS OR
2	Ma	RESIDENCE (IF NURS ATE ryland	13b COUNT Frede		I34. CHY OR TOW Jeffers		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2 4011 Jeffe	ZIP CODE	ike/ 2	21755
	14. FAT	HER'S NAME FIRST Tra		lifton	Rice		15. MOTHER'S MAIDEN NA FIRST Emma	Kate		Cru	
		AS DECEASED EVER		VAR OR DATES)	16b SOCIAL SECU		17 INFORMANT		1 Jeffe		
١	_	No	Nor	le	220-05-	6046					
		18 CAUSE OF DEATH lEnter only one couse per line for 101, (b), and IC PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAZ AREST									NATE INTERVAL NSET AND DEATH
		Conditions, if any, gove rise to imm couse (o), stofin underlying couse	nediote ng the lost.	DUE TO, OI	DUE TO, OR AS A CONSEQUENCE OF (b) MYOCARDIM (N) DUE TO, OR AS A CONSEQUENCE OF (c) OITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI						DIATE
	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH			OPERATIO	N WAS PERFORMED		IN CERTIFYING CAUSES OF DE			
	100	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	T A
	#	21d INJURY OCCURE	THE	21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	1.0	COUNTY	STATE
		sow the decease obove, (1) (we)				. 01	nd that in (my) our) opinian	deoth occurred on the dote		from the co	not (1) (we) lost ouses stoted
		22b. SIGNATURE	W.	Alle	avi		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	~	PAJES	IGNED 8
		22d. PHYSICIAN'S NA	AME (TYPE OR	ALC.	Gnor		220 ADDRESTRUM	suick, M	10.	21-	716
		JRIAL, CREMATION, PECIFY) Burial	REMOVAL	Apr. 2			emetery or crematory st Cemetery	23d LOCATION CITY OF TOWN Jefferson	, Fr	ederic	ck, Md.
	24. FUN	Heith	th.	ellev &	Basford		Tar. Day	E REC'D. BY REGISTRAR 25		SSIGNATU	RE
	106	East Chu	rch St				217014000	5 1000 / /	K · a	No.	

The second state of the state settle the control of the settle sett and Lineary Co. At Last PERSONAL PROPERTY AND ALLERS AND MELT OF STREET . The state of the

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8 00	020	1 -	FOR STATE					XAMIN		ERTIFIC					. 1	1 1	= 0	13
A - 02	938		REGISTRAR	FIRST		MED	MIDDLE	AAMIII	IEK J	LAST	CAILC	N DEC	2a, DATE	_	5. NO.	ONTH D.	AY YEAR	2b HOUR
	# ~ S =		E OR PRINT)	Ken	nut	1		Ru	KI	00		1	OF	ESTI- MATED		4-1	1 1986	5 AM
	NECESSARY, PLEASE UNERAL DIRECTOR 5 FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	3. SE)		4 RACE	S. DATE O	F BIRTH		6 AGE (IN Y		IDER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MO	NTH D	AY YEAR	2d HOUR
	OUR OUR N SI	M:	ale	White	Apri	1 26.	192	LAST BIRTHE	RS. MONTE	HS DAYS	HOURS	MIN	PRONOUP DEAD		API	Vil I	1 ,86	6 A
,0	SSAR VALENTA	Ze BI	RTHPLACE (ST		76 CITIZE	N OF WHA	AT COUN		Tr.	ED NE	VER MARR	IED 🗆	9. BALTIN	AORE CI	TY OR CO	OUNTY C	F DEATH	
10	S S S S S S S S S S S S S S S S S S S		reign country) Marylan	d		USA			WIDOW	_	DIVORC		Fr	ede	ric	Xc	county	, MD.
	SED SE		TY OR TOWN		11. NAME	OF HOSP	ITAL, NUE	SING HOM	E, OR OTH	ER INSTITU	ITION		AL OCCU				KIND OF B	USINESS
	DELAY N PAGE EEE		noxvill		Res	siden	ice -	1928		of R	Rocks	Rd.	Elec	-		F	Electr	
5	AND STORE	USU/ 13a. S		IF IN NURSING HOME C		TUTION, GIVE		OR TOWN	ION)	134. INSIDE C	ITY LIMITS?	13e. STR	EET ADDRE	ESS	-	21	7.5	D
.21201	AND AND SHOULD S	M	aryland	Frede	erick			cville		YES 🗌	NO E	1			of I	Rocks	Road	
WD	H. 2, 2, 3, 3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	14. F/	THER'S NAME	1 June 1	MIDDLE			AST		15 MOTHE	ER'S MAID	EN NAME	N	AIDDLE			LAST	
ORE,	DEA MAN OF VAN	1	Willia	m O	liver		Run	kles		E:	ffie		Vi	ola ADDR	2500		Purdy	
BALTIMORE, MD.	AFTER IVE PA H FOR AGES 1	{Y	S, NO, OR UNKNO		WAR OR DATES	5)		IAL SECURI							1	928	Pt. O	f Rock
	24 HOURS AFTER DEATH, IF ANY DELAY IS NITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FULL ONG WITH FORM PM. 3, RETAIN PAGE 5, PREMIT, PAGES 1 AND 2 SHOULD BE FILED, SIENE, DIVISION OF WITAL RECORDS, SOLW WALL.	Y	es	World				16-87	42	Cati	herin	e E.	Runk	les	<u> </u>	OXV1	11e, 1	
ST.	HOURS M 18. G NG WIT RMIT. P.		PART I DE	F DEATH (Enter onl ATH WAS CAUSED	DBY:	~		ond (c).)	. 7		41:	is enit		Ac	ute	H	SETWEEN ONS	ET AND DEATH
NOT NOT	PER VAI		TAS	IMMEDIAT	E CAUSE (E TO, OR A		SEQUENCE		1130	1212	en	cy	,,-	- 0 / 4			
RES	ER AN			ns, if ony, which		Hul	Cart		6	ardie	1/20	F	21:4	Di	sea s	0	4/22	rs
×.	ANN ANN OR BENTA		couse (o)	e to immediate stating the <u>under-</u>	DUE	TO, OR A	S A CON	SEOUENCE		41 611 6	000	201	F	77	,- 5 5		-	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	12. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VEACES SHOULD BE USED SAS A BURIAL. TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 19, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL.		lying cou	se last.	((c)												
ZDS,	EXECUTION OF THE NATION OF THE		PART 2 OTHER SIG	INTERCENT CONDITIONS	CONTRIBUTING	TO DEATH BU	UT NOT RELA	EO TO THE TER	MINAL DISEAS	E OR CONDITIO	N GIVEN IN PA	ART 1 (a).						
60	A AS A ALTH	CERTIFICATION																
A &	SHOULD ORD "PE CHIEF A E USED / T OF HE/	ICA	19a. DATE OF	OPERATION	196	CONDITI	ON FOR V	VHICH OPE	RATION W	'AS PERFOR	MED?					2	0. AUTOPS	1.4
TIV.	WORD WORD WORD BEUS BEUS	E	210 FXTERNA	L CAUSE WAS	71h	TIME OF	INHIPV		[2], H/	YAULNI WC	OCCUPPE	ED (SNIVER)	LATURE OF IN	MARY IN ITE	10 0 0 0 7	OR BASE OF	YES [NO BL
Ō	CERTIFICATE WITHOUTHE WOED TO THE STANDID BEPARTMENT OF THE DEPARTMENT OF THE STANDING TO STANDING THE STAN	10	UNDERLYING	OR	HC	DUR A.M.				2 44 II430K I	OCCURRE	ED (EMIEK	AATURE OF IN	JURT HY ITE	MIBPAKII	ORPARI 2)		
SIO	CERTIFING 1 DED TO DEPAR 1 PRIOT	MEDICAL	21d. INJURY C	OCCURRED		P.M.	F INJURY	19 (AT HOME,	211 LO	CATION			- 13					
DIV.	VRITING CE 3 CE	¥	WHILE AT WORK	NOT WHILE) s	TREET, FACTO	DRY, FARM, ET	C.)	5	TREET			CITY OR TO	WN		COUNTY		STATE
	TO MEDICAL EXAMINER; THIS CERCUIT THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE BATTIMORE, MARYLAND, 21201				6		21 1 1	1 11	4		Inspectio	124		ľΧ				
	AN STATE		death resulte	y that I took charg	1	MA	Accident		Autop Jicide	, Homic			Inquiry ermined mi	Г	and in i	my apinia	n	
	EXAM CERTIF ULD BI DIREC WARYI		dedin resulte		Or cooses		Accident		ncide		SESIFY)		rmineg m	uniter [
	SHOUL SHOUL SHOUL SEATH, N		ACTUAL SIGNATURE_	John	4.	Be	ll		м	De De	puty		ICAL EXAM	AINER	5	ATE GIGNED	pril	11,198
	NOR WORL		EXAMINER'S	NAME DOL	Sohl	7 G.	Bel	M.D.				812	To11	Hou	se A	ve.		
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE		(TYPE OR PRIN	٧١)	GLL		Omas i			ADDRESS_			deric	k, M	ld . 2	1701		
		23o.B	JRIAL, CREMAT PECIFY Urial	ION, REMOVAL 2		00		AME OF CE				CITY	CATION	7		COUNTY		STATE
	BP		ULIAL		4/14/	86		uther	an Ce		Y 25a, DATE	M1C	dlete	OWN,	Fre	deri	CK, MO	d.
	DHMH - 17 (VR A15 ME (5))		NAME	VILLIAMS	Funor	ADDRESS	ome D	riineu	ick	- 7	400	4.0	4000		a Bai		Randals	6
	20M 4/B2	00	IIII I . V	ATTITITA	Lunel	ar II	JANC D	Luisw.	LCV)		APK	110	ISO.	gress	a dian	44,01	Jane Land	

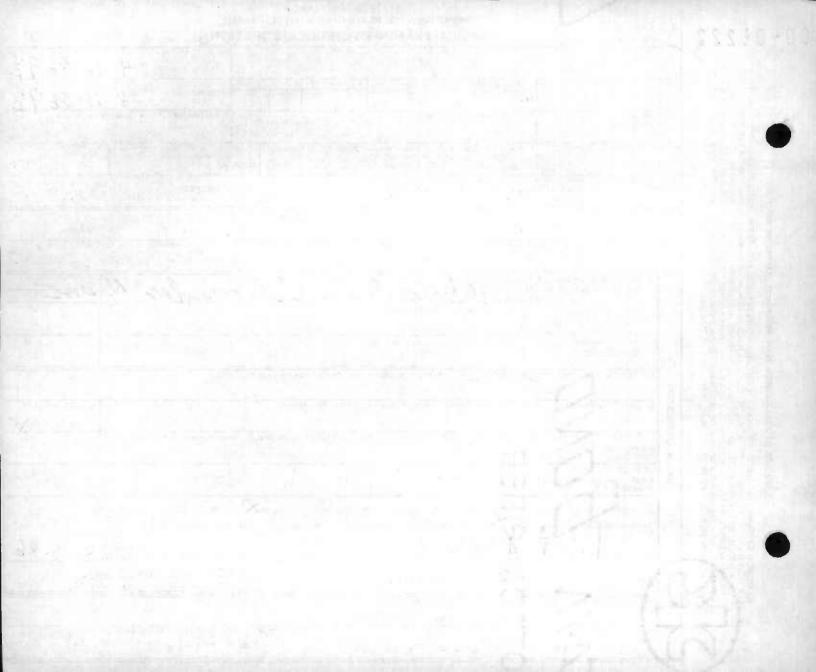
set and in the second of the second By Fortago in C. In Friends Direct

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-05699 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Paul SHOOK DEATH MATED Lee 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 3, 1926 Male White Mar. 60 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED Virginia U.S.A. Frederick County. WIDOWED [DIVORCED AND 3 TO THE FU RETAIN PAGE 5 FOULD BETHED, X D. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)

Janitor Frederick Memorial Hospital Frederick Factory USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Frederick 13d INSIDE CITY LIMITS? 13g. STREET ADDRESS 430 West South Street/21701 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Albert Shook Victoria Combs 17. INFORMANT 430 West South Street 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) World War II 234-44-6798 Betty Jane Shook, Frederick, Md. 21701 18 CAUSE OF DEATH (Enter only one cause per line for (d. (b), and (c) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULL E DEPARTMENT C 71a. EXTERNAL CAUSE WAS 716. TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED III. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK 226. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER 812 Toll House Ave. Frederick, MD. 21701 Robert J. Thomas, M.D. EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b, DATE Frederick, Mount Olivet Cemetery 1986 Frederick. BP Pasford Funeral Home 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Frederick, Md. 21701 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-1986 HARRY ROY SIER SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 03 PRONOUNCED MALE WHITE 18 68 DEAD YRS BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) USA FREDERICK WIDOWED DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ABORER WORKING LIFE) CONSTRUCT. MEMORIAL HOSPITAL FREDERICK Walkersville, MD MAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13d. INSIDE CITY LIMITS? Bennie Duncan Rd. M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LIDDLE DOROTHY STER WALSH CARVEN 7 INFORMANT ADDRESS Walkersville. MD 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-16-1809 ELIZA IRENE SIER 10542 Bennie Duncan Rd. CAUSE OF DEATH (Enter only one couse per ne far a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME 211 LOCATION 71d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK COUNTY STATE 220 I certify that I took charge af the remains described above, held on Autopsy Inspection A and in my apinian Homicide death resulted Undetermined monner TITLE (SPECIFY) 4-16-86 ACTUAL Deputy SIGNATURE MEDICAL EXAMINER 812 Toll House Ave Frederick, Md. 21701 Robert J. Thomas, M.D. EXAMINER'S NAME TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD KEMPTÖWN MONTGOMERY PROVIDENT CEMETORY BURTAL 4/19/86 BP. 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER **DHMH - 17** 1621 Opossumtown Pike, Frederick, MD (VR A)5 ME (5)) 20M 4/B2



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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.1		REGISTRAR			CERTIFICATE	OI DEATH	REG. N	0.		
1	T DEC	CEASED NAME	FIRST	AIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2	TO HOUR ALL
20		MA		ZABETI		MS	APRIL	3 19	86	D JM
4	J. SEX	FNAIF	4 RACE	+-	DATE OF BIRTH	1860	6 AGE (IN YEARS LAST BIR	MONTE	DER FIENR	HOURS MIN.
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3	USU)	AL RESIDENCE (IF NURSING STATE	home or other institution b. COUNTY Montg.	GIVE RESIDENCE BEFORE AD 130. CITY OR TOWN. Damascus			13e STREET ADDRESS	7IP CODF	208 1 Roa	
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		22a.1 certify that (I) (the saw the decorated	is hospital) attended the	L 13 1986	ANO a_, and that in	, 1983 (my) (ofr) opinion d	to APPAT	ste and hour and	,	ot if (we) lost
		22b. SIGNATURE	I did got: view the body	MILIAN	DEGREE	ATTENDING	MEDICAL STA		411	2/2/2
		226 PHYSICIAN'S NAM	E (TYPE OR PRINT)	annu-	22e AD		DIRECTOR PHYSIC	HOD	CHE	TITT
		DANOE	L I. WE	ZLIVEY	MD	WE	STUIN	CTEN.	MA	EXLAND
1	23a B	SPECIFY)	MOVAL 236. DATE	23c NA	ME OF CEMETERY	OR CREMATORY	23d LOCATION	200	YTML	CLAIS
	'	Burial	4/16/	86 Ft	Linco	1n	Brentwo			land
4	24 FL	JNERAL DIRECTOR		ADDRESS		25a DATE	REC'D. BY REGISTRAR	256 REGISTRAR"		RE
	01	lin L. Mol	esworth, F	.A. Dama	scus Me	. A	PR.1.6 1986	- of when the	7	2.

DHMH - 16 60M 7/8 (VRA 15, 4)

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THE TAX OF THE BUILDING WINESCOTT BELLEVILLE TO THE RESERVE (moning) 213-74-3075 Goorce A. Simme Item 13 MATERIAL MANAGEMENT OF A POSTA rent oo ter land Paris dile/86 tt. Lincoln

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BALTIMORE, MARYLAND 21201	(
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RECORDS,	
IN OF VITAL RECORDS, 201	

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USU 13M	AL RESIDENCE (IF NURS	SING HOME OR OTHER INSTITUTION		ON GIVE RESIDENCE BEFORE ADMISSION)		130 THE CITY LIMITS	S? 13ef	13efU544PW60DSBORE		RD.	21798	
MARYLA MARYLA	14. F/	ATHER'S NAME FIRST PERRY	٨	VIDDIE	SMITH		15 MOTHER'S MAIDEN		MIDDLE	CU 1.1	LAS LER	βŢ	
BALTIMORE, cote be execu- ysicion and capers. Pages ovol. nt, the medical		WAS DECEASED EVER		MED FORCES?	228-09-4		HILDA E.	17.11	ADDRE		WOODSB	ORO RD.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending phost he burial-transit permit. Then please remove carbain that and Mental Hygiene prior to burial, cremation, or removed or termy 8 shows any injury, or other traumatic every	z	Conditions, if ony, gave rise to imm couse (o), statin underlying cause	nediate g the last	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE	TERMINAL	DISEASE OR CONI	DITION GIVE	N IN PART 1	0	
he low req	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		a AUTOPSY?			NGS USED S OF DEATH?	
SION OF VITAL PHYSICIAN: The ending physicio this certificate he buriol-transith ad Mental Hygie d of Henral 8 sho		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEA	in in	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OC	CURRED	ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	T I OR PART 2}		
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ATTEND ospital or ectors. ECTOR: A sid for use int of Heolim 21 is m		22a I certify that (I) saw the decease above, (I) (we) (c		nion death	o 4 -1 - occurred on the do								
HOSPITAL OR uned by the h FUNERAL DIR vold be detoched h the State Deprometries of the state of		22d. PHYSICIAN'S NA	SAME (TYPE OF	PRINT			ATTENDIN PHYSICIA 22e ADDRESS	NG ME	DICAL STAF	IAN			
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	D. H	ARTZLI	ER	ADDREOO	DSBOR	O, 14D		R 04 19			on-Mandage	



completely filled in by the funeral director, all and 2 should be filed within 7

injury, or other troumotic event, the

int we detached for use as the burial-transit permit. Then please remove the State Dept. of Health and Mental Mygiene prior to burial, crematio

FUNE AL DIRECTOR: After this certificate has been

STATE OF MARYLAND FOR

STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.	

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U		REGISTRAK								REG: N	10.		
		CEASED NAME	FIR51		WIDDLE		LAST		20 DATE	OF DEATH	HINOM	DAY YEAR	2b. HOUR
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	3. SEX	X		4 RACE		S. DATE			6. AGE	IN YEARS LAST B	RIHDAY	IF UNDER 1 YEAR	R IF UNDER 24 HRS
		Male		Wh	ite	Oct.		1940		45	YRS	MONTHS DAYS	HOURS MIN.
	70 BI	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8			9 BALTH	MORE CITY		TY OF DEATH	
5		aryland		US		WIDOWI	ED [MARRIED DIVORCED	Fre	ederic	Cou	nty,	MD.
4		rederick	DEATH		HOSPITAL, NURSIN CHEACILITY GIVE STREET TICK MEMO					AL OCCUPATION OF RETU			Dairy
5	13a. S	AL RESIDENCE (IF)		OTHER INSTITUTION ITY erick	GIVE RESIDENCE BEFORE 13c CITY OR TOW Frederi	N_	13d INSIDE	CITY LIMITS?	13e STREI 501	et Address Prospe	/ ZIP CO	lvd./ 2	1701
1	14 FA	ATHER'S NAME					15 MOTHER	S MAIDEN NA	ME				
		Charles		dward	Smith,	Sr.	D	orohty		Virg	lnia	H	olt
1		VAS DECEASED EY YES, NO OR UNKNOWN NO		E WAR OR DATES	215-36-5		Mrs.		len S	01 PP	spec Fred	t Blvd. erick,	, Apt 22A Md. 21701
			H WAS CAUSE	Ď BY: E CAUSE (a)	or line for 101, (b), on	ive	6	Z	be	C +c/	/	APPRO BETWEEN	DXMATE INTERVAL NONSET AND DEATH
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-	Ü	210. ACCIDENT WAS	_	21b. TIME C		AY YEAR	21c. HOW I	NJURY OCCURE	RED (ENTE	R NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)	
1	AL	OR CONTRIBUTING	_	IN .	.M.	19							
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			t (1) (this hospit	11/ /	ne deceased from	06/	nd that in m	. 19 5 5 (our) opinion	to	g / /	late and ha	. 1986	that (I) (we) lost e couses stated

etained by the hospital TO HOSPITAL BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

226. PHYSICIAN SNAME (TYPE OR PRINT

sow the deceased give on above [biwe] and it did not) yew the body after death

23c NAME OF CEMETERY OR CREMATORY pr.16, 1986 Frederick Mem. Park

DEGREE

22e ADDRESS

ATTENDING 1

23d LOCATION Frederick,

DIRECTOR PHYSICIAN

MEDICAL

Frederick, Md.

22c DATE SIGNED

24 FUNERALD Kosmith, Reeney & Basford Funeral Home 106 East Church Street, Frederick, Md. 21701

Zause A

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STAFF

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

	REGISTRAR				CEI(111	ICAIL OI D			REG. NO.					
	CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF	DEATH M	ONTH DA	Y YEAR	26 HOU	JR	
	EORPRINT) MAB	EL		herine		MME	W		4	2	66	10:	42Am	
3. SI	X		4 RACE		5. DATE O		YEAR	6 AGE (IN YE			ONINS DATE	IF UNDER	24 HRS	
	Female		Whi	te	Sept	. 29,	1902		83	YRS	DA13	HOOKS	M(IN)	
7a. 6	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	A DRIED	9. BALTIMO	RE CITY OR	COUNTYC	F DEATH		1	
	Virginia		U.S	.A.	WIDOWE	_	ORCED	Frede	erick,	Count	у,	у. мр.		
10. 0	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL C			126. KIND C		ESS OR	
	Frederick				rial Hospital				tter	PORKING LIFE)	Cleaning			
130	IAL RESIDENCE (IF NUR STATE Iaryland	13b COUR	OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY 134 CITY OR TOWN rederick Frederic			13d INSIDE CI	TY LIMITS?	338 S	DDRESS / Jeff	IP CODE erson	St./2	21701		
14 F	ATHER'S NAME					15 MOTHER'S		ME						
	Walter	I	avid	Courtn	еу		ry		E.		Holm	nes		
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMAL	NT	338	APPRES	h Jef	ferson	wSte		
	(YES NO OR UNKNOWN)	(IF YES GIV	None	214-03-8	689	Virgin	ia C.	Flair,	Frede	rick.	Md. 2	21701		
	18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (o), (b), one	d ic .						APPROX	CIMATE INTER	RVAL	
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Z	PART 2 OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	inal disease	OR CONDI	TION GIVEN	N IN PART 1	10		
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18	THE DATE OF CITEM	,,,,,,	1,000,00	movi von vinien	OT ENTITIO		NATE D			IN CERTIFY	ING CAUSES	S OF DEA	TH?	
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	OR CONTRIBUTING			M. MONTH DA	YEAR	ZIC HOW IN,	JURY OCCUR	RED (ENTERNAT	TURE OF INJURY	IN ITEM 18 PAR	IT I OR PART 2)			
N S	(IF EITHER NOTIFY MEDI			M.	19									
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2	AT WORK AT WO	HILE				10.55								
	22a.1 certify that (1)	(this hosp	tuly ottended th	e deceased from_			, 19.81	104	1-2		86	that (I) (i	we) last	
	sow the deceas	ed plive on	tt view the hady	ofter death	, 01	nd that in (my) ((our) opinion o	death occurred	d on the dote	and hour s	and from the	couses st	oted	
	226. SIGNATURE		Λ ,			DEGREE	1007				22c. DATE	SIGNED		
1	E O Seol	1	45/1W	al mo		A P	TTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF		2 A)	pril	1986	
1	22d. PHYSICIAN'S N.	AME (TYPE C	OR PRINT)	DE TUNE	12	22e ADDRESS	5	NOTE OF						
18	Joseph	Ashwa	l, MD			4 West	Seven	th St.	, Fred	erick	, Md.	2170	1	
23 a.	BURIAL, CREMATION,	REMOVAL	123b. DATE	23c N	IAME OF C	EMETERY OR C	REMATORY	23d LOCA	TION					

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY) Prince Georges, Adelphi 1986 George Wash. Cemetery

14 FUNERAL DIRECTOR SMITH, Keeney & Basford Funeral Home Popular Registrar 25b. REGISTRAR'S SIGNATURE 106 E. Church Street, Frederick, Md. 21701

Sect. 20, 1962

rederic, birelar.

Latinaca Inigotel objector

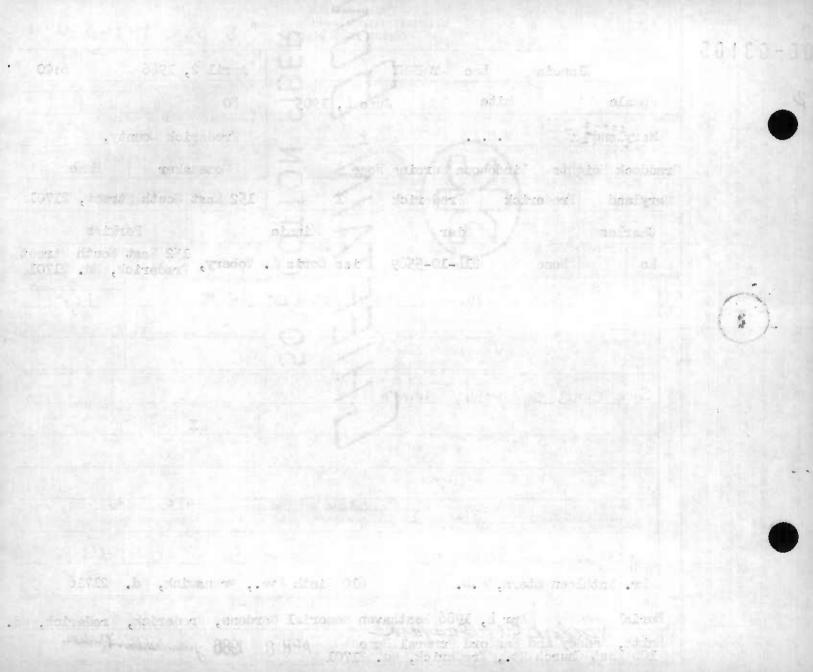
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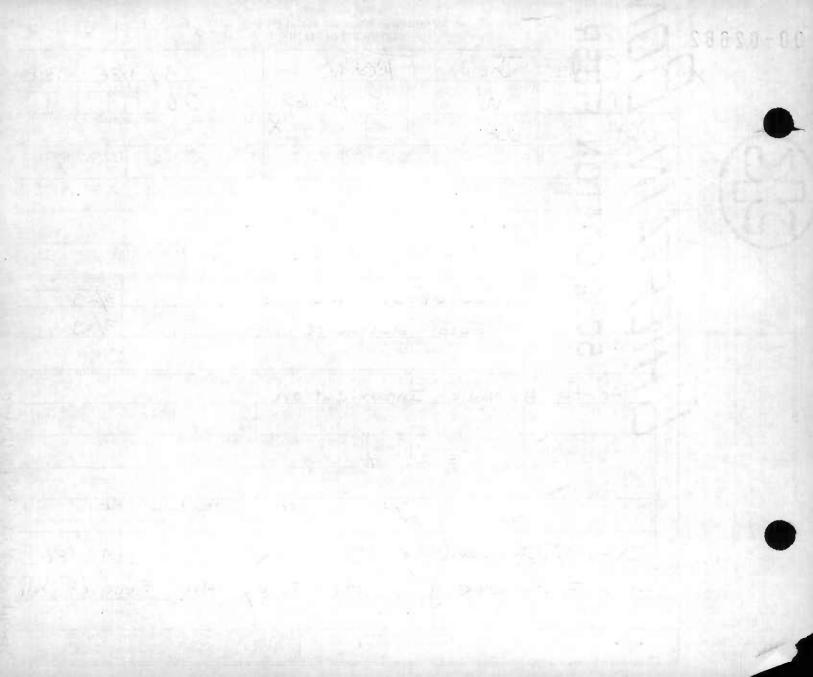
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 3 SEX RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 24 HP MONTH HOURS Female White Oct, 20, 1898 Ta. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) TISA Frederick WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IL CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Memorial Hospital Frederick Homemaker Domestic SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Berkeley Spgs COUNTY Morgan 13e STREET ADDRESS WV Congress Street 4. FATHER'S NAME Clara Charles Dawson Fearnow ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 232-07-9527 H. Leroy Hovermale, Thurmont, Md. No APPROXIMATE INTERVIBETWEEN ONSET AND D 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM NO F 210. ACCIDENT WAS UNDERLYING T 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) ottended the deceased from saw the deceased alive and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated obove, (I) (we) (did) laid not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING , MEDICAL STAFF MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 230 BURIAL CREMATION REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Berkeley Springs, WV 4/9/86 Burial Greenway Cemetery 24 FUNERAL DIRECTOR 306 Union Street DHMH - 16 50M 1/76 HelsTey-Johnson F.H. Berkeley Springs, WV 25/1 (VR A 15 (4))





(VRA 15, 4)

STATE OF MARYLAND



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omple (x)		RICHARD WALDON ZELDA Brown
be exected an and s. Page:		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 109 OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-12-7592 PANIC L. WALDON 312 Redwood AV
h certificate b iding physicia carbanpapers ar remaval. atic event, the		18 CAUSE OF DEATH (Enter only one cause per line for 10, (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Weeks Weeks
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ENDING PHYSICIAN: On a attending physician. OR: After this certification ruse as the building in the other and Mental the Health and Mental this marked or temp8	MEDICAL	216 INJURY OCCURRED WILLE NOT WHILE AT WORK STREET, FACTORY, OFFICE, FARM, ETC.) 216 INJURY OCCURRED 216 INJURY (AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.) 217 INJURY OCCURRED STREET CITY OR TOWN COUNTY STATE
2 9 5 5 5		22a.1 certify that (1) (this hospital) attended the deceased from
0 4 0 0 0		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL of retained by the TO FUNERAL Established be detained by the March the State ElmPoRTANT. If		1276 PHYSICAN'S NAME (TYPE OR PRINT) GISON 1475 TANEY AVE FRED MYS
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOR S. HICKS 1922 ForeST Drive APR 10 1986 June Mental Production Production

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director pages should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be firm thin 72 hours after the shall be firm the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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MAPORTANT: If them 21 is marked or Item 18 shows any

STATE OF MARYLAND
DEDARTMENT OF HEALTH AND MEN

FOR - STATE

RTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DECEASED NAME FIRST	N	AIDDLE	1	AST	20 DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
1	LENA	Ro	et H	W	ALKER	APRIL 10,		•	1:20 P
3	SEX	4 RACE)	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
L	Female	Caucas	ian	Nov.	16, 1919 YEAR	66	YRS		11111
17	G. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 AA A DDIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	Y OF DEATH	
L	Kentucky	U.S.A.		WIDOWE	D DIVORCED	Frederic			M
1	CITY OR TOWN OF DEATH Frederick	(IF NOT IN SUCE	OSPITAL, NURSIN HEACILITY, GIVE STREET A CICK MEMO	ADDRESS)	or other institution Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O None			None None
01	JSUAL RESIDENCE IIF NURSING HOME OF 136 STATE 136 COURT		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Frederi	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS . 7191D Cy			21701
1	4 FATHER'S NAME Homer Ab	ner	Walker		Lucinda	ME	Н	loward	51
1	(15 YES GI	MED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 401-26-0		Mrs. Sally B	lanton 7191	S Cyp	ress Co	urt 21701
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	Robert L. Kau	fmann, I			Toll House		deric	k, Md.	21701
1	Gremation, REMOVAL	23b. DATE 4/14/1	1986 Sn	nithel	emetery or crematory ourg Crematory	23d LOCATION CITY OR TOWN Smithsb	ırg, V	Washing	ton, Md
1	R.E. Dailey &	MA, PA	1201 N. Frederic	Marke k, Me	et Street 250 DATE	PR'23 1986		TRAR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

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			EASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
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AND 21	n 24 hou	Ma		derick	Emmitsbu		13d INSIDE CITY LIMITS? YES NO [500 N. Ave.	21727
BALTIMORE, MARYLAND 2120	and 2 %		ther's Name Charles	WIDDLE	Stitle	•	Doris	MIDDLE	Horner LAST
IMORE,	a and a foger		(AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES)	212-62-2		Victor Weish	aar, 500 W.	Md. 21727 N. Ave. Emmitsburg
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	requires that the death certificate in signed by the attending prints. Then please remove carbon trup in tro burial, cremation, or remove injury, or other troumatic event.	NOI	18 CAUSE OF DEATH. Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause in stating the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O CONDITIONS	R AS A CONSEQUE	NCE OF NCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SLOWLE SCHOOL TO THE STATE OF THE ST
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	Spire CTO I for of h		sow the deceased alive o	at) view the body	after death.	, a	nd that in (my) (aur) apinian o	death accurred on the date	and haur and from the causes stated
	TAL OR A) y the hosp yy the hosp RAL DIREC detoched tote Dept. tote Dept.		ITE SIGNATIONE	_(dus	ll,		MEDICAL STAFF DIRECTOR PHYSICIAL	22€ DATE SIGNED 9 April 86
	TO HOSPITAL (retained by the TO FUNRAL (should be deto with the Store IMPORTANT: #		Alan Carr	011, M.D).		S. Seton Av	e., Emmitsbu	rg, MD 21727
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	DHMH - 16 60M 1/75 (VR A 15 (4))		NERAL DIRECTOR Killes Funeral	Home, Em	mitsburg,	MD 2			. REGISTRAR'S SIGNATURE

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